

'Consultation Groups' in Residential Care Settings: a '*Realistic Evaluation*' of the Contextual Influences and Mechanisms that Obstruct or Support Positive Outcomes for Looked-After Children.

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Volume 1 Abstract

Children who grow up in 'local authority' care (routinely termed '*Looked-after Children [LAC]*') are considerably more likely than non-LAC to achieve poor outcomes across the life course. Although a substantial amount of attention has been given to this population in recent years, supported via national and local initiatives, these findings remain consistent.

Endeavours to improve circumstances for this population are commonly aspects of the 'educational psychologist's' (EP) role, though variation is present as to how this service is delivered (DCSF, 2010; Norwich et al., 2010); this variation is largely due to practitioner preference or service-wide policy.

Given that LAC are often accommodated in a variety of settings, it follows that the EP individually, and the educational psychology service (EPS) more widely, must adapt practice to work effectively in each context. The current research paper illustrates this point by investigating one distinct method of supporting this population: psychological *consultation* and practitioner empowerment within a residential care context.

In the host local authority, psychologists, on a fortnightly basis, visit residential care settings, and, using a model known as '*Pillars of Parenting*' ('POP' – Cameron & Maginn, 2009), facilitate consultation sessions with the aim of co-constructing strategies with care home staff for supporting LAC residing in the home. The model is also designed to empower staff adopting a 'corporate parent' role.

Anecdotal findings suggest that both the process, and the model itself, are valuable and well-regarded; however no robust evidence is available which supports this assertion.

Using 'Realistic Evaluation' (RE) (Pawson & Tilley, 1997) as a methodological orientation, an exploration of the POP consultative process was undertaken in which questions of '*what works, for whom, and why?*' (p.2) permeate throughout: is psychological consultation, underpinned by the POP framework, plausible, durable and practical? Are the underlying 'programme theories' (hypotheses) of why the model is supposed to work robust and valid?

In line with the philosophy of RE, the following paper makes no suggestion that psychological consultation is the 'best' approach to supporting LAC and does not provide a value judgment on the process. Instead the research outlines influences, elicited via 'bottom up' qualitative methodology (process observations and focus groups), which obstruct or support positive outcomes for staff, children and young people.

Findings are encouraging. Themes emerge, derived using Braun & Clarke's (2006) '*Thematic Analysis*' model, in which the experience of psychological consultation, and the POP model more widely, is positive and substantial – it is clearly a valued process, though some practical considerations and challenges are noted. These emergent themes are interpreted in terms of *contextual* or *mechanistic* features for the host setting, with the intention that generalisations may be considered and utilised in reflection for other residential care settings.

*"Children and young people in public care are arguably **the most vulnerable group in our society** and, despite considerable support and financial expenditure the outcomes for these children have remained stubbornly poor.*

*While the worthy intentions of government initiatives over recent years are not in question, it is clear that there is a need for a new **theory-led, evidence-based model** of professional care and support."*

(Cameron & Maginn, 2011, p.44)

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(ii) Glossary:

TEP – Trainee Educational Psychologist

EPS – Educational Psychology Service

LA – Local Authority

LAC – Looked After Child(ren)

C&YP – Children and Young People

MAST – Multi-Agency Support Team

POP – Pillars of Parenting

SIPS – Social Inclusion Pupil Support

BAMHs – Behaviour and Mental Health Support

EWO – Education Welfare Officer

CP – Clinical Psychologist

SW – Social Worker

RE – Realistic Evaluation

RS – Realist Synthesis

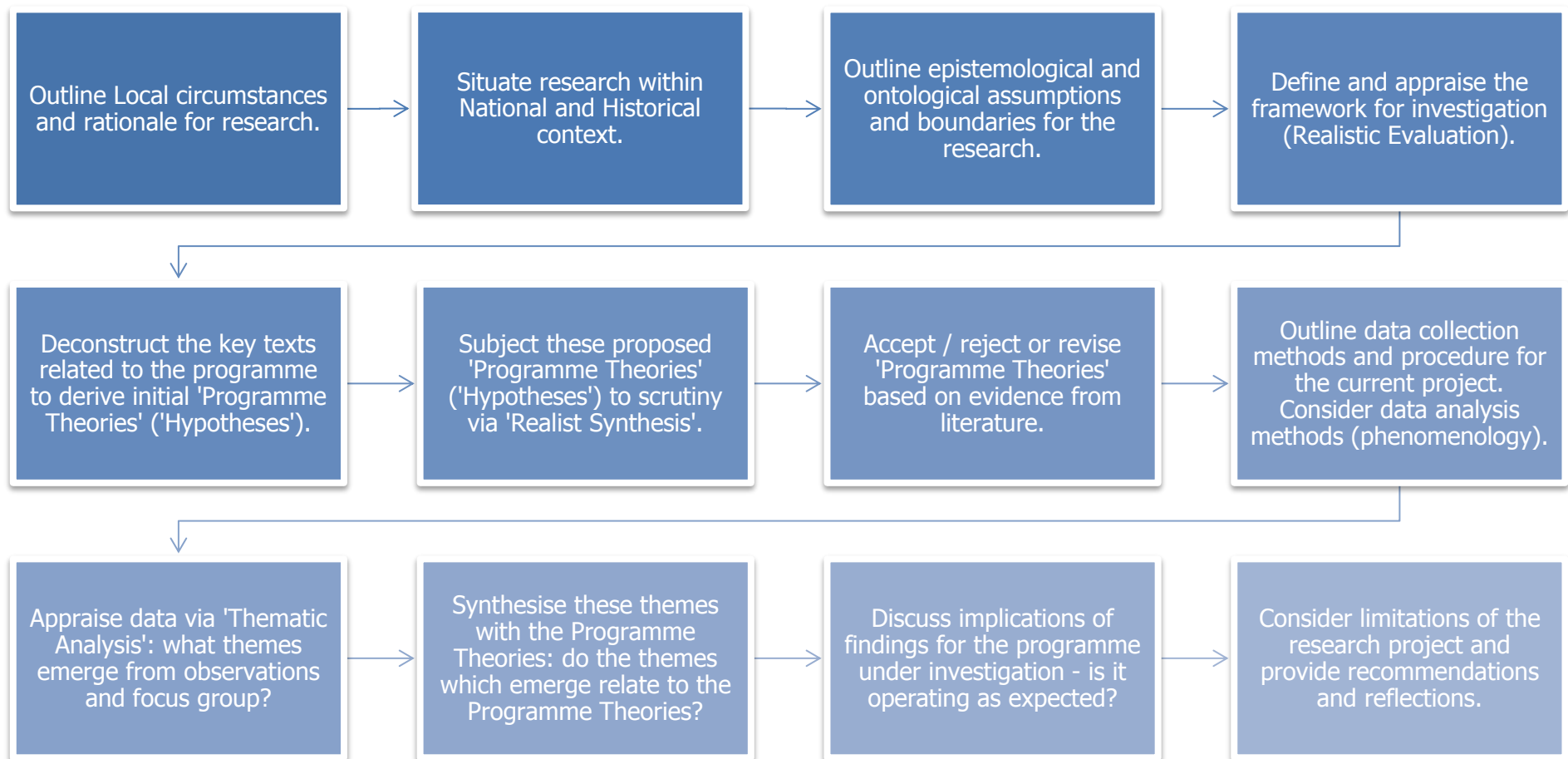
PART – Parent Acceptance – Rejection Theory

AEW – Authentic Emotional Warmth

(iii) Project Outline

The following flow-diagram outlines the 'journey' of the ensuing project. A more detailed, qualitative description can be found in Appendix 1.

Figure 1: Outlining the 'Research Journey'



Chapter 1, Context, Rationale and Background to the Study

1.1 Introduction

To complete the University of Birmingham's '*Applied Educational and Child Psychology*' Doctoral programme, Trainee Educational Psychologists (TEPs) are required to undertake a '*supervised practice placement*', working, most often, within a Local Authority (LA) Educational Psychology Service (EPS) for years two and three of the training course.

During these supervised placements it is required of TEPs to complete a number of research-based activities in order to demonstrate academic skills and professional attributes both required for completing the programme. Volume 1 of this current thesis details a substantive research project that I completed during my placement.

This study contributes an original perspective on a social programme ('*Pillars of Parenting*' 'POP' – Cameron & Maginn, 2009; 2011; 2013), clearly grounded within the framework of pre-existing literature, while offering *new knowledge and/or understanding intended to extend the forefront of a discipline* (QAA framework, 2001).

The qualitative, small-scale (case study) research project which follows endeavoured to elicit 'themes' relating to the embedding of an intervention within a children and young person's (C&YP) residential care context.

'Programme Theories' concerning:

- *Awareness of 'Parental acceptance and/or rejection' trauma* (Rohner, 2004),
- *'The empowering of residential care staff'* (Cameron & Maginn, 2011),
- *'Authentic Warmth / Signature Strengths'* (Cameron & Maginn, 2009; Seligman, 2002), and
- *'The value of psychological consultation'* (Knotek et al., 2003)

were interpreted in terms of 'Contextual' (C) or 'Mechanistic' (M) factors which impact subsequent 'Outcomes' (O) (known as 'CMO configurations', Pawson & Tilley, 1997) for staff/C&YP within the setting. The following account charts the research journey from inception to the concluding disseminating of findings to key stakeholders (public domain briefing).

The ensuing research project attempts to follow a 'typical' experimental procedure (Bryman, 2008; Cohen, 2012): define and propose reasonable hypotheses embedded within, and elicited from, existing research; conduct 'experiment' to 'test' proposed hypotheses; analyse and appraise data then reconfigure/refine hypotheses, based on newly acquired knowledge, for future investigation.

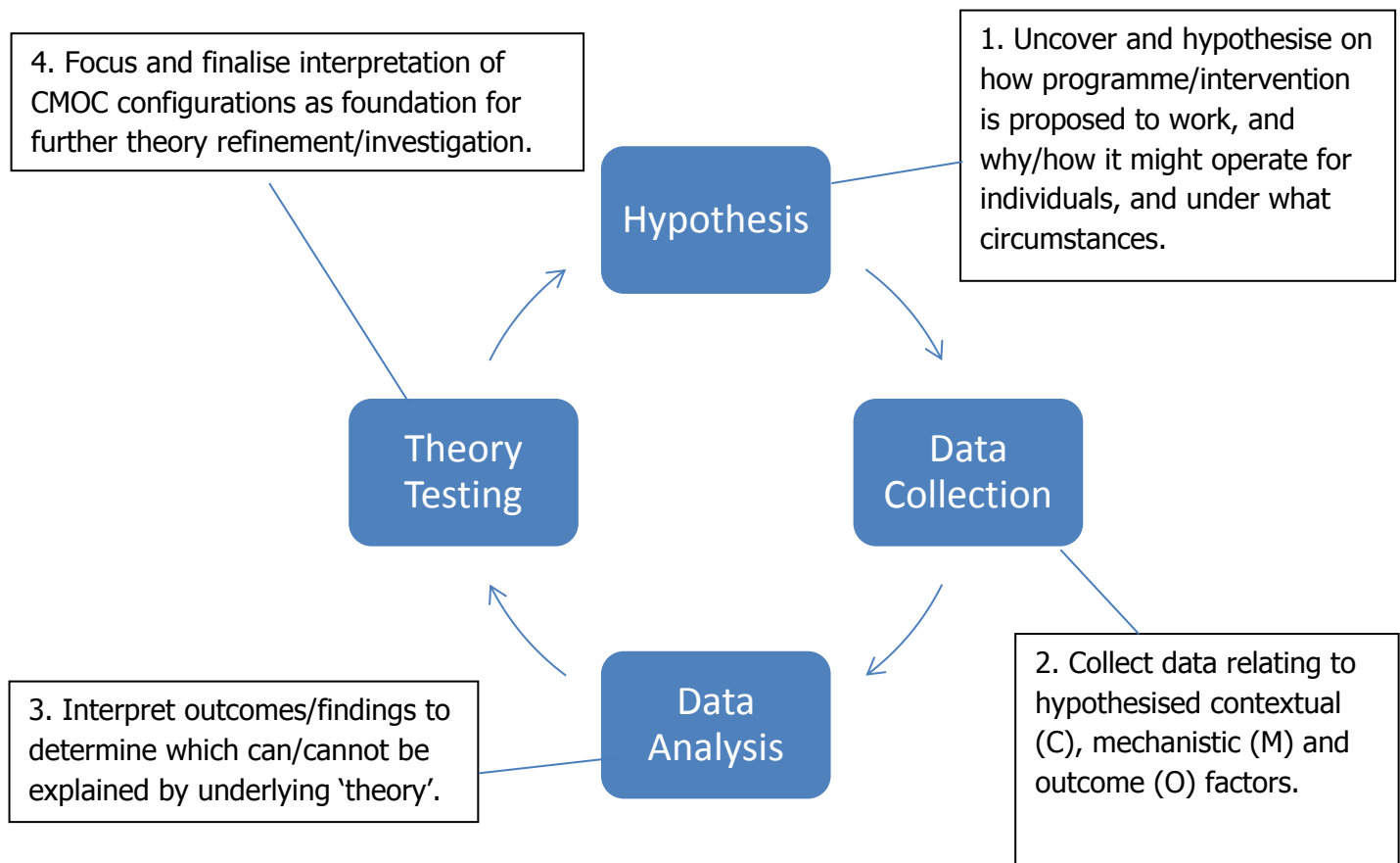


Figure 2: Showing the Realist Experimental 'Cycle' (adapted from Pawson & Tilley, 2004, p. 24)

As the previous figure indicates, some preliminary caveats and/or further considerations were required for the current research, primarily to ensure methodological rigour in line with the epistemological and ontological stance adopted; 'Critical Realism' (Bhaskar, 1975) . The philosophical position of the current study and researcher is now provided.

1.2 Research Paradigm – Establishing the Rules of Engagement.

'Critical Realism', a philosophical position largely attributed to Roy Bhaskar (Archer et al., 1998), argues that an external 'reality' exists independent from human conception and intervention; as such, there are unobservable (tacit, hidden) events or variables which impact directly on the 'observable' ones (Bhaskar, 1975; 1998):

'A central idea of 'Critical Realism' is that natural and social reality should be understood as an open stratified system of 'objects' with causal powers'

(Morton, 2006, p.2).

From this position the 'social world' (the world governed by social behaviour and interaction), can *only* be understood fully if one takes (or attempts to take, insofar as is possible) account of the underlying structures and contexts that can, and often do, have a *causal* impact on the observable features of the external 'reality':

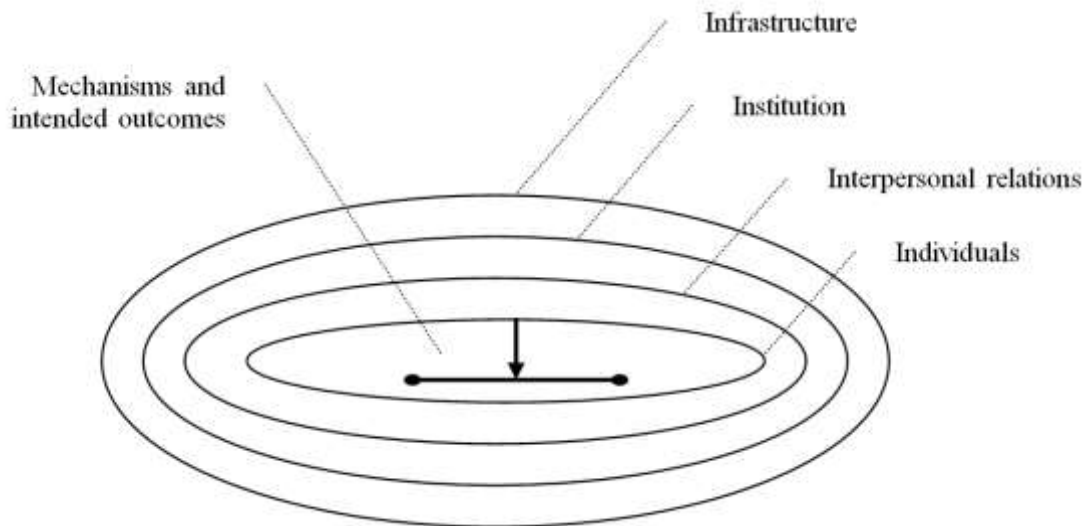


Figure 3: Showing Potential Causal Layers within Social Interventions (adapted from Pawson & Tilley, 2004, p.8)

A researcher, attempting to explain fully the nature of a social condition (e.g. an intervention or social programme), must – from a realist point-of-view - consider the impact of contextual and structural features of the social world to gain a holistic interpretation of *how* and *why* things occur as they do.

These reflections are undoubtedly important within an experimental framework: they permit the scientist-practitioner to discriminate between the 'event' (outcome) and what may have caused it (mechanism). This 'Critical Realist' epistemology can facilitate a richer understanding of *why* interventions that are identical in nature operate 'differently' across contexts: this '*black box*' (the unseen inner components, theories or assumptions of a programme; Pawson, 2013) may hold crucial information as to why programme outcomes are not consistent across trials (Astbury & Leeuw, 2010).

Fundamentally, the 'Critical Realist' approach, and more broadly '*Realistic Evaluation*' (RE) (an evaluation model underpinned by the Realist philosophy, outlined by Pawson & Tilley, 1997 onwards) was adopted for this current study as, during the formative stages of the project, discourse relating to appropriate evaluative methodologies to use identified considerations similar to Pawson (2013):

'For social programmes [the] evaluation market is rather limited: outcome driven, quasi-experimental approaches [are] imported from clinical trials, [with] processual studies uncovering the formative minutiae of local programmes, mixed in with a bit of constructivist tomfoolery.'

(Pawson, 2013, p. xiii)

Contrastingly:

'Realistic Evaluation is an alternative [evaluation model] focused on the explanation [of how and why programmes operate], based on research designs which extract, test and refine programme theory'

(Pawson, 2013, p. xiii)

Broadly, Realistic Evaluation ('RE' for the remainder of this thesis) is an unconventional approach to evaluation, underpinned by acknowledging the theories inherent within a programme, while also taking account of 'context' variables: *'the same measure is experienced differently by those in different circumstances [and] it thus triggers a different response, producing a different outcome. The effectiveness of the measure is thus contingent on the context in which it is introduced'* (Tilley, 2000, p. 4).

1.3 The Realist Perspective on Causation

As the orientation of this study is underpinned by Realism, it adopts a 'generative' perspective of causation within interventions. The fundamental argument from this position is that, under generative explanation (process or mechanistic causality which aims to surface the links in between causal events), the objective of evaluation is to *explain and investigate* what has brought about an outcome

(Pawson, 2013) by testing the *underlying assumptions and theories* embedded within a programme:

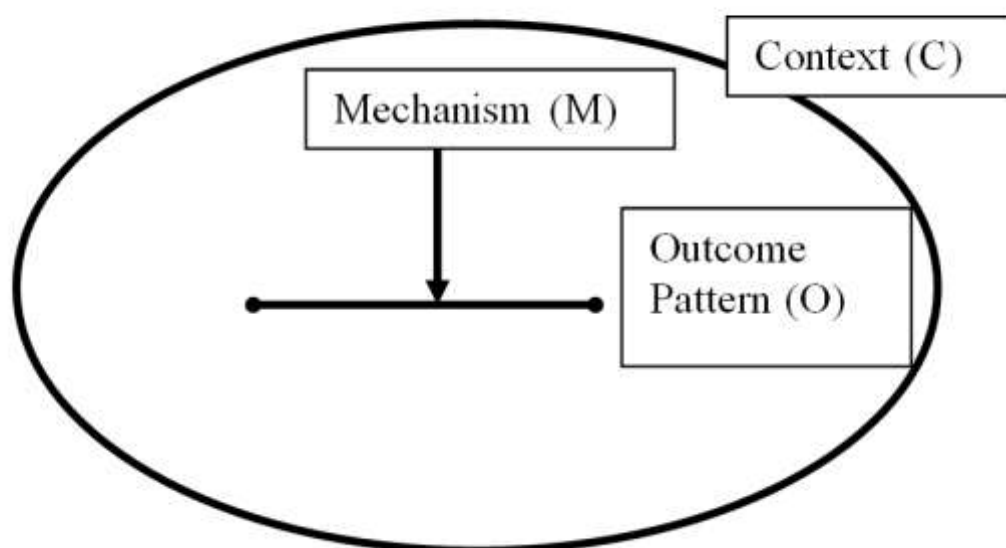


Figure 4: Showing the 'Generative' Perspective of Causation (adapted from Pawson & Tilley, 1997)

Rather than concluding that 'Intervention 'X' *caused* outcome 'Y', further investigation into the process of the intervention itself is undertaken, identifying why it may (or may not) have delivered desired outcomes. Researchers seek to uncover the *mechanisms* that explicate the connection between 'X' and 'Y'¹.

At this early stage it is important for the reader to be aware that the following evaluative project is not 'outcome driven' and thus eventual conclusions are in-line with developing understanding of the underpinning *hypotheses* inherent within the programme in question, not necessarily its efficacy; nevertheless, all decisions are taken with robust scientific principles in mind and considered cautiously.

¹ Further critique related to this interpretation of causation, and the nature of theory and process led evaluative practice more widely, is provided in 'Chapter 2'

1.4 Critical Realism: Initial Considerations

Before launching into the project proper, of note at this opening stage is the long-standing critique that the 'Critical Realism' position is often not *specifically* critical when compared to other approaches (Hammersley, 2009); that is, it is a tacit understanding that all research should be approached from a critical and sceptical standpoint:

'One of the features that is distinctive to 'Critical Realism', against the background of other recent versions of critical social science, is the explicit rationale it provides for research being 'critical', in the sense of aimed at diagnosing defects in society.'

(Hammersley, 2009, p.2)

The aim of the following project is not to 'diagnose' a 'defect' in society. Rather, the project takes an optimistic stance that programmes are developed with good intentions, yet it is the complexity of the programme *context* which ultimately dictates any 'success' – *'it is not the ingredients that make the dish, but how they are brought together in the cooking process'* (Pawson, 2013, p.27). As such, the following project adopts the more reflective and general stance of 'Realism' (while still retaining a sceptical but positive perspective, in line with '*Critical* Realism').

More fundamentally, this realist position argues that *'interventions will always mutate and can never be exactly reproduced'* (Pawson, 2013, p. 6) across contexts; though this replication may be desired by policy makers, interventions that are designed to be delivered in the social world, which is inherently morphogenetic (*'permanently self-transformative'*, Archer, 1995), cannot have their outcomes fully anticipated and are not always predictable - it is for the intrepid researcher, working from this position, to consider this variable and to operate within this framework of understanding.

Given this conceptualisation of interventions and their nature, the current researcher is also acutely aware of:

'The inevitable 'incompleteness' of attempting to consider all facets of a complex social programme, and come to terms with the perpetual state of 'partial knowledge' that comes with the journey'

(Pawson, 2013, p.82).

Simply, no inquiry can cover everything about each nuance of a complex programme under investigation; the Realist position would suggest that there are too many observable *and* hidden features embedded within a programme for the researcher to highlight them all.

Nevertheless, if the process of 'evaluation' is conceptualised as part of an '*endless journey*' (Pawson, 2013, p.112) to refine 'domain knowledge' relating to the theories which *underpin* programmes, rather than solely on the 'outcomes' of any given endeavour, this proposition is less disheartening.

The following project hopes therefore to contribute to the increasing domain knowledge of how to comprehensively support Looked-after Children (LAC), who have likely experienced significant trauma during their formative years, largely argued to be '*among the most vulnerable groups in society*' (Cameron & Maginn, 2011 p.44).

As a final point for this initial primer; while scepticism permeates throughout the following research – and key project decisions are detailed transparently in the text - it should be considered that many of the frameworks for investigation in social research, including the framework selected for this current project, might be considered 'pre-paradigmatic' (Kuhn, 1965, p.2); that is, there are no established

and universally agreed 'first principles' of how research is framed and operationalised (Pawson, 2013, p. xii).

As such, researcher interpretation and subjectivity is inevitable. Though steps are taken in the following research to minimise these threats to validity, it is important that the reader is aware, from the outset, that the method of investigation selected is in relative infancy and the 'rules of engagement' are inherently variable.

Consequently, and in line with the view of Popper (1945), the following account endeavours to be methodologically and scientifically robust, while acknowledging potential underpinning difficulties of social-scientific research:

'Social sciences [should] forget all about the verbal fireworks and [attempt] to tackle the practical problems of our time with the help of the theoretical methods which are fundamentally the same in all sciences. I mean the methods of trial and error, of inventing hypotheses which can be practically tested, and of submitting them to practical tests.'

(Popper, 1945, p.222)

With these initial conceptual considerations illustrated, and the research 'restraints' now demarcated, it is important to provide for the reader information about the local context in which the ensuing investigation is placed.

1.5 The Wider Working Context: 'New Town' City Council Educational Psychology Service

"LAs have particular responsibilities for LAC and will act as a 'corporate parent', which means that everyone working for the LA has a shared responsibility for safeguarding and promoting their welfare"

(DfE, 2013, p. 140)

My supervised practice placement was completed in the West Midlands, at "*New Town*"² Educational Psychology Service (EPS).

This EPS is split across 8 'MASTs' ('Multi-Agency Support Teams') which incorporate a number of professional groups (educational psychologists [EPs], social workers [SWs], education welfare officers [EWOs], behaviour/mental health support workers [BAMHs], etc.). These multi-agency teams cover all state-funded schools in the city, with most of the EPs having a 'patch' of schools, often alongside allocated 'Special' Schools, Children's Centres and/or Residential Care settings.

'*New Town*' EPS employs a range of EPs (Assistants, Trainees, Specialist Seniors, and District Seniors) and clinical psychologists (CPs) and as such is relatively large – approximately 25 practitioners.

Before beginning my current training in applied educational and child psychology, I was employed within this LA as a 'Social Inclusion Pupil Support (SIPS)' worker. This role involved working with disaffected C&YP who were at risk of being, or had already been, excluded from school.

The primary objective for the 'SIPS' role was to work directly with these C&YP in an attempt to re-engage them with education. This was completed in a variety of ways, from working therapeutically in a 1:1 or group setting to managing transition between different, perhaps more appropriate, education providers (e.g. colleges, work-based placements or reintegration back into a 'mainstream' school setting). A high proportion of these C&YP engaged with the 'SIPS' team, though by no means all, had chaotic and turbulent home lives which frequently contributed further to their disaffection.

Predictably, given these often difficult familial relationships or home circumstances, a number of C&YP engaged with the 'SIPS' team were cared for by the LA. With the

² "*New Town*" is a pseudonym, used throughout this research, to safeguard anonymity of participants.

LA operating in the role of 'corporate parent', this afforded me, through working directly with these C&YP and their families, a small insight into the considerable adversity faced often by LAC.

The 'SIPS' team (now termed, '*Behaviour and Mental Health Support*' ('BAMHS')) continue to work as part of a collaborative approach that is undertaken in '*New Town*' in supporting LAC. Statistics suggest that these practices are somewhat successful in their aim:

'85% of care leavers in 'New Town' are engaged in education, employment and training, which compares favourably with the national average of 63 %'

(2012/13 – '*New Town*' Parenting Strategy, p. 4).

1.6 Tapering the Scope: Social Care Services in '*New Town*'

While these figures offer an encouraging summary of the current circumstances, soon after re-joining '*New Town*'s' council workforce I was informed that a significant review of services for LAC was to be undertaken, particularly given the (comparatively) poor outcomes demonstrated consistently by this population in relation to non-LAC nationally (Golding, 2008; Glendenning, 2003): though there is a comparatively good level of *local* engagement with education or training post-care, when compared *nationally* the outcomes achieved by this population are still a long way behind their non-looked-after peers (Government Statistical Release, March 2013).

The wider political and financial climate dictated that 'value for money' was an emerging focus of *all* LA activity and thus consideration was being given to the ongoing delivery of services for LAC (DfE, 2013).

It was primarily these background circumstances which provided the first impetus for the research activity that eventually became the focus of this paper: broadly, an investigation into the role EPs adopt in supporting LAC across the city³.

Further, statistics which highlighted the significant, and rising, number of LAC in 'New Town' provided further rationale for the importance of investigation within this domain. According to the most recent LA census (2013) local social care services support approximately 203 foster carer households within the locality, alongside providing C&YP's residential care directly through six residential units. Some foster care and residential placements are commissioned from the independent sector, though this is a small proportion of the overall service.

Some locality based 'preventative' services are delivered through children's centres, three 'family centres' and the eight MASTs as identified earlier. At the time of the last OFSTED inspection (22 July, 2011) there were 499 LAC comprising 168 C&YP under five and 331 C&YP aged 5–17. The most recent statistics (March, 2012) suggest that there were 575 LAC (Child Health Profile, 2012), a 14% increase; this is largely consistent with national figures (DfE, 2012).

1.7 Researcher Identity

To provide a personal rationale for the research, through my volunteer work with the Samaritans it became a recurrent theme that many of the service users experiencing significant distress in their adult lives would reflect on their time as LAC, often from a negative perspective; some individuals going so far as to suggest that it was their time 'in care' which set the precedent for their difficulties later in life.

This anecdote is not provided to imply that *every* person's experience of care is damaging, more so to emphasise and recognise that challenging and traumatic early

³ For the current study, the EP role is considered specifically given the professional orientation of the researcher – Trainee Educational Psychologist (TEP).

experiences can have considerable longer-term impact. If early childhood experiences can be so negatively manifest throughout an individuals' life, then there is an ethical imperative to work towards preventing this from occurring: this, I feel, is a fundamental part of an EPs role. This has impacted my personal belief system of how an EP can support improved outcomes for disadvantaged C&YP.

Accordingly, given the points raised thus far (the impending local 'review' of services, the significant number of LAC across the city, and my own tertiary insights gained through professional and volunteer experience) I developed an enthusiasm for completing work within this domain.

Fortuitously, an opportunity emerged through discussion with senior EPs for research to be conducted within the City's residential care settings; an overview of the 'negotiation' process for the current project is now provided.

1.8 Negotiating the Project Brief with Stakeholders: Introduction to the 'Pillars'

As mentioned in the preceding section, upon re-joining *'New Town'* I was made aware quickly that there were a number of changes occurring which would impact significantly the composition of many services throughout the City. These changes would likely affect service delivery across many domains, though provisions for LAC were particularly under the spotlight, reinforced principally by financial restrictions on a national and local level, alongside recommendations provided by a *'Safeguarding and LAC'* OFSTED inspection carried out in July 2011.

This OFSTED report, while being generally favourable about the provision in *'New Town'*, outlined guidance for developing service delivery for LAC generally, and also provided time-limited recommendations that the LA must complete to ensure perpetual improvements in practice (OFSTED, 2011, p. 20).

Interestingly, within this OFSTED report, particular emphasis was given to the way in which psychologists support LAC in residential care settings: through the use of the '*Pillars of Parenting*' ('POP' - Cameron & Maginn, 2009) model. This programme is delivered on a bi-monthly basis by psychologists across the City.

As part of this programme delivery, psychologists facilitate 'consultation groups' with residential care staff, which follow closely the model outlined in the Cameron & Maginn (2009) text (Appendix 2).

The primary aim of a consultation session is for care staff to 'present' an emergent concern that they have with C&YP residing in their care. Through the consultation model, and with support from an external practitioner psychologist, the consultation group co-construct potential psychological formulations and hypotheses to explain *why* the concern is present, from where it might have emerged, and then develop prospective strategies to work towards resolving the nascent difficulty.⁴

The programme authors suggest that fundamentally the facilitating psychologist is able to draw upon their personal knowledge of the underpinning base of psychological research to support carers with:

General purpose of the POP model.
<ul style="list-style-type: none">• Developing a psychological insight into the C&YPs complex difficulties;• Designing evidence-based interventions and opportunities to develop and deliver 'good parenting' skills;• Co-constructed 'solutions' to challenges, drawing on the detailed knowledge of C&YP held by the care staff;• A dialogue of how to implement strategies required to support C&YP following the consultation, and;• Guidance on how to demonstrate genuine emotional warmth and sensitivity to the trauma often experienced by LAC.
(Adapted from Cameron & Maginn, 2011, p. 48)

⁴ Further detail as to the underlying assumptions of the POP model are outlined and appraised later in this current volume (Chapter 3),

Support strategies following the consultation can take the format of direct C&YP-focussed work or, where appropriate, systemic intervention or contextual adjustments to develop practice more widely.

Cameron & Maginn (2009), the programme authors, suggest care services more widely can be improved if staff, throughout all their interaction with C&YP, ask themselves:

'What would a 'good' Parent do [in this situation]?'

(Cameron & Maginn, 2009, p. 21)

To this end – operating as a 'good parent' would - the programme supports care staff to identify the significant trauma often experienced by LAC (Rohner, 2004), the long-term impact that this might have on their development (Baumeister, 2005), and how best to work towards resolving it. The POP model also encourages a shift in focus towards the 'Signature Strengths' (Seligman, 2002) of these C&YP and helps staff to express 'Authentic Emotional Warmth' towards them: C&YP, the authors posit, feel particularly valued once their skills, strengths and positive attributes are emphasised, and this can contribute to improved care experiences and longer-term life outcomes (2011, p. 44).

In addition to this underpinning philosophy, the programme provides practical guidance and support for staff involved in the care of LAC, with the overall intention being to 'empower' professional carers in their work (Cameron & Maginn, 2009), and to improve the quality and consistency of the care that they provide.

This, again, is a significant feature of a 'consultation' session:

Figure 5: Showing The Typical POP Consultation Process (adapted from Cameron & Maginn, 2011)

1. Review of any successes (big or small) since last POP session
2. Update / review of previously agreed actions – how are they going?
3. Discussion of new 'case':
 - a. 'Pen Portrait' of C&YP's characteristics from their key worker.
 - b. Outline the difficult / challenging behaviours or circumstances present for the young person.
 - c. Discuss: Antecedent (a), behaviours (c) and/or consequences (c).
 - d. Discuss how to change or influence A, B and C circumstances.
 - e. Agree action plan for implementing these strategies.
 - f. Agree plan for monitoring and evaluating strategies.
 - g. A written summary of actions, prepared by facilitating psychologist.
4. Discuss any present 'parenting' needs the young person might have.
5. Identify any traumatic and/or post-traumatic experiences the YP might be experiencing.
6. Discussion of child's assets/talents and consider learning opportunities which may arise from these.
7. Review of the day's POP session – perpetual evaluation and monitoring.

This ultimate aim of the model, empowering residential care staff to be responsive to the oft-complex needs of LAC, draws parallels with the recent Government position on improving care:

'The greatest gains in reforming our care system are to be made in removing whatever barriers are obstructing the development of good personal relationships, and putting in place all possible means of supporting [professionals] in their practice'

(House of Commons, 2009, p.27)

Research into the POP programme thus seemed in line with both local and national priorities, further underscoring the burgeoning project's relevance: was there an opportunity to investigate this model further, given the bold claims made by the programme designers⁵?

⁵ A detailed investigation into the validity and defensibility of the underlying philosophical and theoretical tenets for POP is provided in Chapter 3, in line with a 'Realist' epistemology.

1.9 Rationale for the Current Research Project and Key Stakeholder Perspectives.

In 'New Town's' OFSTED inspection report it was suggested that the POP programme was intrinsically valuable to the residential care staff and also LAC across the city:

'Residential staff are very well supported, through the POP programme, to support the C&YP in their care.'

(OFSTED, 2011, p. 24)

Through further discussion with senior colleagues (particularly EPs with LAC 'specialisms'), it emerged that while this OFSTED report presented a positive picture of the programme (and anecdotal reports from residential care staff suggested that framework was appreciated) remarkably, to date, there had been no specific evaluation of the programme.

This seemed remiss given the significant changes likely to be imminent across the city as noted earlier.

As such it was an appropriate opportunity, with a defensible rationale, to complete an evaluation of the POP: research findings, it was hypothesised, could be used to inform improvements to practice, consider the value of the process, and, through working directly with one care setting in detail, outline how and why the programme works (or indeed does not work, as may have been the case).

This proposal was presented to the 'Principal' EP to determine whether this research would have utility at developing practice more widely across the LA but also as to whether the planned study might be aligned with service priorities. Fortuitously, the reception was positive, with the suggestion that it was 'timely' being a recurrent theme.

At this early stage of the project it was therefore anticipated that the research would consider the POP and in particular how the programme supported its direct participants: residential care home staff and *New Town's* LAC population⁶.

The remit of this Volume 1 therefore relates broadly to improving outcomes for LAC, but more specifically to how EPs can support this endeavour using the POP model.

Before moving to more specific detail about the eventual research activities for the current project, it is appropriate to outline for the reader the wider national context and circumstances for LAC: this is to situate the current research within a theoretical and historical framework, and underscore the ongoing importance of supporting LAC.

Chapter 1, Part 2: Why Investigate the LAC population?

'Despite huge investment...improving outcomes for LAC remains elusive.'

(Coman & Devaney, 2011, p.37)

1.2.1 Introduction

LAC have an 'exceptional' position within the social landscape (Berridge, 2008), and, due to the very nature of their circumstances, have a close relationship with the 'state': as these C&YP have been taken into care either by court mandate or through voluntary agreement via birth parents, they frequently require additional support throughout their childhood (Norwich et al., 2010; Golding, 2008; Jackson & Simon, 2005).

⁶ Given that the POP model was used across *a number* of residential care homes in the City, to evaluate each setting individually would have been beyond the scope of this current research: ultimately it was decided to select one single setting, where the POP model was delivered with fidelity to that outlined by the authors, and to investigate this setting more thoroughly. Further detail relating to the defensibility of this decision is found in Chapter 4.

However, long-standing dissatisfaction has been noted about the 'quality' of care available to C&YP in this scenario (Cooper 2011; Munro, 2011) even though LAC are argued frequently to be a highly vulnerable group within society (Golding, 2008). 'Outcomes' for LAC, across a number of domains, have also been a considerable concern for policy makers and practitioners for some time (Jackson and Simon, 2005)⁷.

What are the *present* challenges faced when working with this population?

1.2.2 Current Circumstances for LAC

The notion of a 'looked after child' is fundamentally a legal definition, underpinned by the Children's Act (1989). The label encompasses all C&YP that are 'looked after' by a LA acting in the role of 'corporate parent'; this includes those subject to a compulsory care order (s.31 of the act) *and* those looked after through a voluntary agreement (s.20):

Figure 6: Outlining The 'Routes' into Care underpinned by the 1989 Children's Act

Description in Children's Act (1989)	Placement Type
20	Placement is sought voluntarily: though a young person enters the care system, parental responsibility (PR) does not change.
31/38	Young person receives an 'order' (care order or interim care order), and PR is joint between LA and parents/care givers.
44/46	Child is removed from home for their protection.

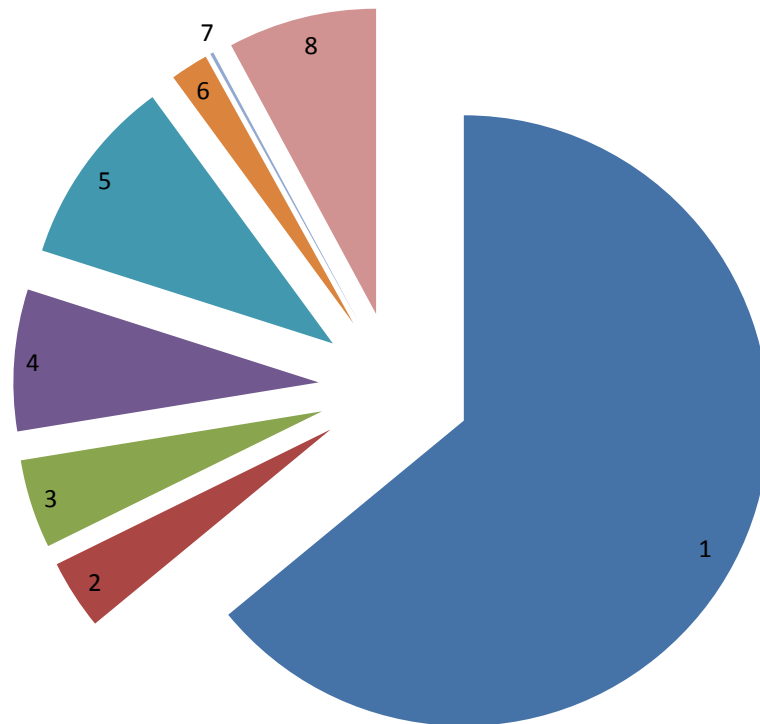
Although there are a number of 'arrangements' that are covered by the term 'LAC', some critics (e.g. Winter, 2006) suggest that it is important to highlight the obvious heterogeneity within the population – LAC have a variety of different circumstances and 'backgrounds'.

⁷ Appendix 3 demonstrates the challenges inherent with outcome measures, and the largely 'unsatisfactory' results achieved by LAC.

Yet, within this patent heterogeneity, there are some consistent features across the population: a significant majority of LAC are in care due to abuse and/or neglect (Office for National Statistics, 2011; Glenndenning, 2013) even though it is a common 'media fuelled misconception' (Cameron & Maginn, 2009), that LAC *'belong to 'hoodie' gangs, are subject to anti-social behaviour orders, and 'terrorise' communities'* (p.3).

Empirically, research would suggest that a significant majority of C&YP that enter the care system actually do so through reasons beyond their influence (Rocco-Briggs, 2008), often to safeguard them from persisting negative circumstances. A decision for C&YP to enter care is not taken lightly (Harker et al., 2004). Indeed, some LAC enter care to support their parents who may be recovering from illness or other traumatic event (e.g. Ford et al., 2007; Golding, 2008), refuting the 'public perception' of LAC:

Chart Showing: the 'Reasons' for Young People Entering Care.



Category of need	Number of LAC (nationally, 2013)
Abuse or neglect (1)	40,410
Child's disability (2)	2,330
Parents illness or disability (3)	2,970
Family in acute stress (4)	4,730
Family dysfunction (5)	6,320
Socially unacceptable behaviour (6)	1,270
Low income (7)	110
Absent parenting (8)	4,970

Figure 7 + 8: Showing The 'Reasons' for C&YP entering Care (Government statistical first release: March, 2013)

It is consequently a defensible assertion that the majority of LAC have experienced abuse or neglect, and often their early life experiences have been traumatic and

fragmented: '*disruptions to early caregiving are almost always present for adopted and LAC*' (Woolgar & Baldock, 2014, p.1).

Moreover, though argued to be a benevolent act (Howarth, 2007), the very action of being taken into care is often considered a distressing life event for C&YP: evidence has existed for some time that early trauma related to being removed from a family is likely to be damaging to development across many domains (Munro, 2001; 2011).

It is a truism that experience of abuse and/or neglect, in addition to separation from the birth family, is likely to have a profound effect on LAC (Cooper, 2011).

Alongside these 'distinctive' circumstances for LAC, it is also clear that there are a number of other typical 'threats' to appropriate and positive early development, common across *all* C&YP: illness (personal or familial), socio-economic deprivation, exposure to domestic violence, exposure to drug and/or alcohol within the family home, poor parenting, and emotional or social neglect (Iwaniec, 2006; Munro, 2011). LAC may also be *more* vulnerable to these occurrences given often turbulent family dynamics (Dent & Cameron, 2003, p.3). LAC are also significantly more likely to have challenging experiences that may predispose them to the advance of diagnosable mental disorders later in their life (Richardson & Lelliot, 2003).

Accordingly, with consistent and widely-acknowledged evidence (Cameron & Maginn, 2013), it is frequently asserted that LAC are '*a public health priority*' (Mooney et al., 2009, p.7) often having had considerably traumatic developmental histories, perhaps manifesting as emergent social, behavioural and educational difficulties (Munro, 2011).

Nevertheless, it is important at this point to stress that the evidence presented thus far relates only to the many challenges for LAC *prior* to their entry into care, and before any intervention from the 'state'.

What then happens when C&YP become looked-after?

1.2.3 The Role of Care

'Children's homes have been the focus of considerable concern...owing to widespread reports regarding the maltreatment of residents and often the mediocre quality of general care provided to them'

(Gallagher et al., 2004 p. 1134).

Care, in general, is a mechanism developed to support C&YP and their wider families as a response to the, often numerous, distressing circumstances (Coman & Devaney, 2011). A LA intervenes to provide assistance to the C&YP or their family and/or to prevent challenging conditions from persisting or recurring: *'time in care, however short, should make a positive difference to a child's life'* (House of Commons debate, 2009, para. 23).

Though there has been an increase in prominence across political discourse relating to care services over recent years (Munro, 2011), it has been argued that a number of concerns continue to be present with the provision available, particularly due to a plethora of systemic complications: prescriptive time-scales (e.g. with child-protection assessments, Munro, 2011), over-complicated, lengthy, tick-box assessment and recording (Laming, 2009), and an ethos of working towards being 'inspection ready' rather than towards developing the quality of the service provided (Association of Directors of Children's Services, 2009).

Despite such attention being given to care services, it is often said that due to these obstacles *'the ones who lose out most (in care) are the very children the system is intended to protect'* (Munro, 2011, p. 7). This has led some researchers to suggest that – despite best efforts of policy makers and numerous systemic changes - a further, significant, threat to LAC has emerged, being 'looked after' in public care itself (Harker et al., 2004; Farrel et al., 2004; Dent & Cameron, 2003).

Simply, not only have these C&YP experienced complications and trauma before becoming looked-after, paradoxically:

'The care system seems all too often to reinforce this early disadvantage, rather than helping children to successfully overcome it.'

(DfES, 2006, p. 3)⁸

With these persisting concerns ever-present, there is a continued recognition that *more needs to be done* (DfE, 2013) on both a national and local level when working with LAC, through improving care experience:

'Whilst acknowledging that there have been [some] improvements in the care system in recent years, the Government strongly supports the view that the care experience for [LAC] remain poor.'

(Coalition Government Response to Select
Committee Report on LAC, 2009)

However, though the assertion that 'further support' is needed is ubiquitous, an additional complication is presented (Cameron & Maginn, 2011; 2013).

Broadly, it is not as if previous initiatives and endeavours to improve care standards have been superficial: a significant amount has been done historically with often disappointing results, and though it is a common theme throughout the literature that historic initiatives have been well intentioned and devised by well-informed professionals (Munro, 2011), their minimal impact has brought into question the 'methodology' and remit of such endeavours.

⁸ Indeed, it is possible to find mentions of 'surviving' care within older research literature (e.g. Jackson et al., 1998).

Ultimately, many initiatives provided on a national level (e.g. 'Quality Protects' [DfES, 1998; 2000], 'Choice Protects' [DfES, 2003], 'Children's Workforce Strategy' [DfES, 2005a] and 'Every Child Matters' [DfES, 2005b]), have borne little fruit in improving standards overall: some critics now suggest that the perpetual challenges for care services are unlikely to be attributable to *'[limited] resources or political apathy'* (Cameron & Maginn, 2009, p.3).

Indeed, some researchers now suggest that these initiatives may have uncovered more tacit difficulties with the whole system than they have 'fixed': *'moreover, there is a substantial body of evidence indicating that past reforms are creating new, unforeseen complications (Munro, 2011, p.5)'*.

Despite this bleak picture, there remains little consensus as to why such poor efficacy has been noted - or indeed how to adapt initiatives to be more valuable in future (Harker, 2004; Ayre and Preston-Shoot, 2010). Nevertheless, some novel hypotheses are emerging, with clear indication as to why previous initiatives may not been efficacious; this domain of research – completed via working with participants actively involved in delivering care services 'on the ground' - might impact the future direction of improving care services.

An example of such research (Ayre & Preston-Shoot, 2010) suggests that many of the difficulties faced through these historic enterprises might have been due to a *'profound change which has taken place within the environment within which care work is conducted'* (p. 2) and to avoid this from recurring, policy makers ought to acknowledge this in their designing of initiatives.

Broadly, while the theory of how to 'improve' services has been sound, the reality has been less convincing. The initiatives have largely focused on improving 'services' on a systemic level, with little attention given to the day-to-day, interpersonal nature of the professional carers role. More fundamentally, the philosophical and professional remit of the corporate parent has been forced to adapt as a response to these systemic and structural changes, often in a damaging manner:

- There is now an over-emphasis on managerial approaches which has an undermining effect on performance; corporate parenting has transitioned from a professional and personal activity to a 'technical activity';
- 'Processes and procedures' are priorities rather than professional carers building positive relationships and supporting development of C&YP which were traditional practices (Butler & Drakeford, 2010; Pitts & Bateman, 2010),
- Objectives and progress-indicators take primacy over 'values' and professional orientation (Butler & Drakeford, 2010) and obedience and 'completion' in place of scrutiny and reflection (O'Connor et al., 2014);
- While significant investment has been provided to improve practice, the effectiveness of such strategies has been undermined due to 'undue haste' - initiatives have been developed and embedded within structures without taking full account of the complex challenges inherent for LAC services (Ayre & Preston-Shoot, 2010) and the views of those in a professional caring role; and
- Measures developed have, on occasion, been embedded in isolation and once 'funding' ceases, the initiative finishes rapidly leaving only a limited legacy of learning or experience (Morris, 2010) and disaffection for staff 'on the ground'.

Perhaps most concerning within this corpus of research is the threat of professional care services moving away from the 'core values' which underpinned the practice traditionally:

'The essence of [professional caring] lies in what happens between the [carer] and the service user when they meet. Real change in the wellbeing of the children and

families is more likely to derive from the effectiveness of interaction [rather] than from [the] attainment of statistical targets'

(Ayre & Preston-Shoot, 2010, p. 3)

These frequent, ineffectual and often prescribed 'top down', changes have, according to some (Butler & Drakeford, 2010), fostered considerable dissatisfaction within professional care services. Therefore, though the theoretically 'benign' act of taking C&YP into care is completed with good-intentions, the overall state of care services requires improvement (DfE, 2012).

It is largely the concerns noted here which underpinned the development of the intervention at the heart of this current research: 'Pillars of Parenting' (POP) (Cameron & Maginn, 2009). Built on the foundation of previous initiatives (Appendix 4), it is the position of the POP programme authors that:

'A better starting point [to improving care services] would be to identify what common universal features lead to psychologically healthy and happy C&YP, then attempt to uncover the political, organisational and human factors [that contribute to this situation]'

(Cameron & Maginn, 2009, p. 114)

Fundamentally the authors posit that a novel, 'bottom up' approach is needed to rebut some of the arguably negative features that have developed in current residential care circumstances, or, as Houston (2006) suggests:

"At the heart of residential care, some might argue, lies a negative mind-set...managers cannot expect their staff to act positively [within a system] that is critical, risk-averse, bureaucratically informed, and obsessed with complaints"

(p. 198)

It would seem clear that an approach which *empowers* professional carers in their role would be welcomed; supporting professional carers to meet the needs of LAC comprehensively, while prioritising the complex challenges of LAC rather than bureaucracy and targets. Essentially, this perspective is underpinned by the hypothesis that it is the positive interpersonal relationships and 'good parenting' provided by professional carers which will ultimately improve care standards for LAC.

Before moving on to deconstructing and considering this novel approach sceptically, it is of clear importance to detail *how* the current paper will complete this task; the following chapter turns to this endeavour through outlining the philosophical stance and evaluation framework adopted for the current research, to provide confidence that this present study was approached from a defensible theoretical position.

Chapter 2: Realistic Evaluation (RE) and Realist Synthesis (RS): Description and Critique

2.1 Introduction

'When one evaluates Realistically one always returns to the core theories about how a programme is supposed to work and then interrogates it - is that basic plan sound, plausible, durable, practical and, above all, valid?'

(Pawson & Tilley, 1997, p.1)

'Realistic Evaluation' (RE) has emerged recently as an alternative framework for appraising interventions and/or social programmes (Pawson & Tilley, 1997). Positioned as methodologically and philosophically distinct from 'traditional' evaluation, where the focus on the *outcomes* of any given initiative is paramount and the process is often more aligned with a positivist paradigm, RE has become an established and mainstream approach (Rycroft-Malone, 2012) adopting a 'theory' driven perspective (Pawson, 2013).

The premise of RE is underpinned by a *Realist* philosophy; the perspective that any intervention (treatment, programme, scheme, service, legislation, policy...and so on), developed to operate within complex social systems, is subject to its own set of contextual influences (Pawson, et al., 2004) that must be accounted for when evaluation is considered:

'The success of an intervention theory is not simply a question of the merit of its underlying ideas but depends, of course, on the individuals, interpersonal relationships, institutions and infrastructures through which and in which the intervention is delivered.'

(Pawson, et al., 2004 p. iii)

Although still relatively marginal when compared to other approaches there has developed a considerable amount of evidence recently, from a varied range of domains, which attests to the effectiveness and reliability of this approach; e.g. occupational safety interventions (Pederson, 2013), transition experiences from

'child services' to 'adult services' for youngsters with diabetes (Allen et al., 2012), community parenting programmes (Jackson & Kolla, 2012) and speech and language therapy services in primary schools (Thistleton, 2008).

While still in relative infancy, Pawson (2013) suggests cautiously that many of the examples of RE, to date, have experienced methodological criticisms (p. 14) from the perspective of more seasoned approaches, but identifies that 'jobbing' researchers, completing studies from a Realist perspective, are contributing to the methodological paradigm and helping 'shape' the RE approach going forward (p. 15).

Plainly, this approach continues to be 'pre-paradigmatic' and thus we researchers adopting this position are contributing to the *emerging* framework of Realist inquiry; there are few strict restrictions at this point, however, the accumulative and progressive 'blueprint' (Pawson, 2013, p. 8) of a developing social science suggests that each piece of research contributes to a closer approximation of 'truth' (reality). However, this does not mean that 'anything goes', and it is the purpose of this section to provide a defensible rationale for my choice to adopt this position.

At this point, while studies from this perspective are currently few, they are also diverse. A common theme across the available RE research is that any evaluation of programmes where people are involved *must* take account of an inherent variable: people are fundamentally individual and thus inclined to respond differently given any number of explicit or hidden factors relating to the context in which they operate; '*programme subjects are active agents, not passive recipients*' (Pawson, 2013, p.34).

When programme 'contexts' are considered from this point of view, they include (but are by no means limited to): economic/political circumstances in which a programme is embedded, historical and geographical background of the setting, stakeholders and staff groups involved in programme delivery, and innumerable other features which may not be immediately apparent:

'People...are conscious, purposive actors who have ideas about their world and attach meaning to what is going on around them.'

(Robson, 2002, p.24)

While, as mentioned, restrictions are few, this is a principal tenet of RE (Pawson et al., 2004) and it is from this starting point that the current section is considered:

'The 'same' intervention never gets implemented in an identical manner and even if it did, the particular recipe for success gained in one setting might not be transferable to a different social and institutional setting.'

(Pawson, et al., 2013 p. 3).

The diagram below (figure 9) provides a visual representation of this philosophy⁹:

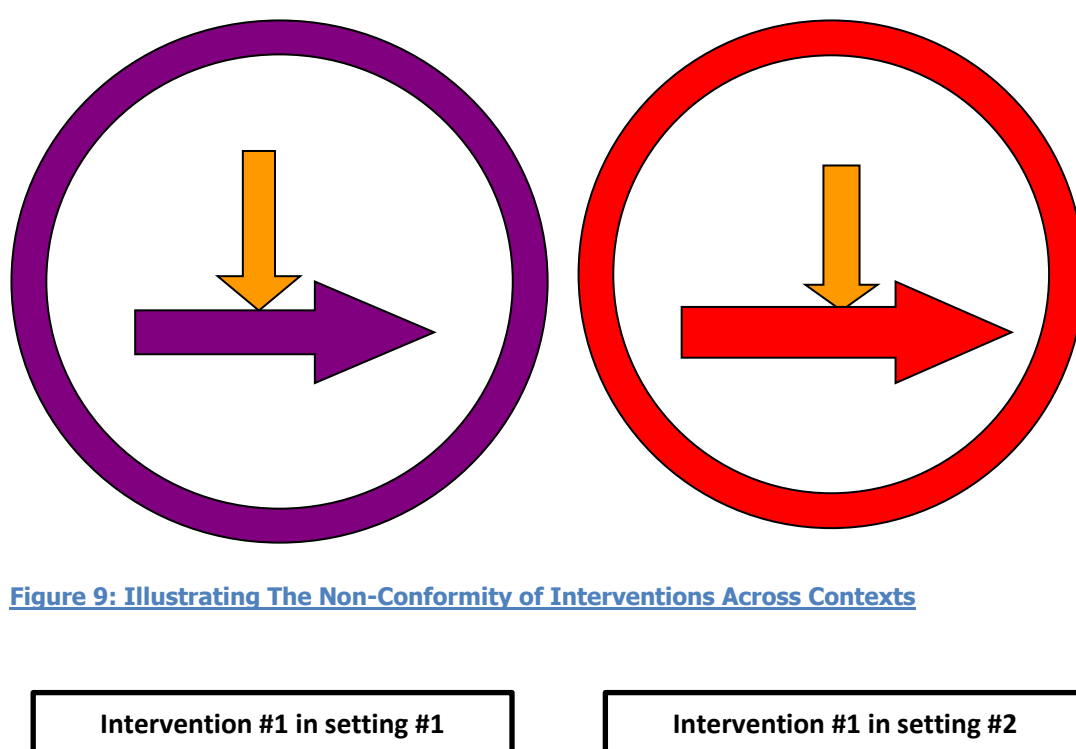


Figure 9: Illustrating The Non-Conformity of Interventions Across Contexts

⁹ While the programme (yellow arrow) is identical across both conditions (setting #1 and setting #2), the context (purple / red circle) has an impact on the eventual outcome of the programme (purple / red arrow). The programme has remained the same, but due to the influence of the context in which the programme is imbedded, the outcomes are not consistent.

2.2 Structure of Chapter

To investigate this theoretical framework further, the current chapter is divided into three distinct sections:

The **first section** presents the reader with an overview of key underlying principles and philosophies of 'evaluation' more generally, drawing comparisons and distinctions between the *typical* approaches to evaluation (i.e. outcome driven) and alternative *process and theory* driven methods. A sceptical investigation is presented as to why the '*prevailing orthodox*' (Tilley, 2000, p.2) approaches to evaluation may not be fully applicable to the appraisal of *social* programmes.

The **second section** of this chapter introduces the reader to the concept of RE specifically. The argument presented is that RE is a more appropriate, pertinent and valid tool for considering interventions embedded within complex social frameworks, and thus the programme at the heart of this research (POP) would be evaluated more appropriately within the context of RE.

To further support this position, this section identifies and appraises the theoretical foundations for RE, arguing ultimately that they are sound and robust. Clarity is provided for the reader as to what exactly *is* RE, and the ideological and philosophical position which underpins this approach is considered.

For balance, a critical perspective on RE itself is also offered; is this approach a strategy to '*shirk the questions*' asked commonly by policy makers by not offering concrete answers (figure 10)?

The Policy Question	The Realist Response
• Did that intervention work?	• It depends (in what respects?)
• Does that intervention work?	• It depends on the conditions.
• Does that programme work?	• Parts only, in some places and at some times
• Should we fund X rather than Y?	• Check first to see if they are commensurable
• Will it have a lasting effect?	• Unlikely, but you'd have to wait and see
• The pilot was great, should we go large?	• No, play only to its strengths
• Can you let us know before the next spending round?	• Sorry, not in all honesty

[Figure 10: Showing Typical Responses to Policy Questions from a Realist Perspective \(adapted from Pawson & Tilley, 2004, p.21\)](#)

Once the reader has considered the notion of evaluation more generally, and been presented with the rationale for a Realist epistemology and ontology, in particular the RE framework of practice, the **third and final section** of this chapter is focussed on introducing the reader to the idea of a *Realist Synthesis (RS)*: a method of appraising systematically all research relating to a certain topic, underpinned by the values of Realist enquiry. The reader is offered an overview of the process of a RS, an exploration of how it differs from the typical systematic review, and how it is more applicable to the current research goals.

Fundamentally the aim of this chapter is to provide the reader with a convincing rationale as to why RE was selected as the approach most relevant for appraising the *POP* programme in place of more traditional approaches, and why a *RS* is more appropriate to reviewing the literature than the traditional systematic review.

2.3 Philosophy of 'Science': Evaluation

'Evaluation has been one of the great successes of modern applied social research'

(Pawson, 2006, p. 8).

There is a reciprocal relationship between professional practice and government policy, and it is therefore unsurprising that *'research and politics are inextricably bound together'* (Cohen et al., 2004, p. 48). Due to this, there is an ever increasing need for policy makers to have insight into the practices that occur 'on the ground'.

One way in which this information is derived is through evaluation, and some researchers (e.g. Thomas, 2004) suggest that the evaluative process is crucial in providing evidence of efficacy which subsequently influences developing practice. Evaluation, from a researcher's point of view, is defined in a number of ways (e.g. Coolican, 2009; Bryman, 2008), but for the purposes of this current research study, the following definition is adopted as it does not subscribe to an implicit epistemological stance:

"[Evaluation is]...an attempt to assess the worth or value of some innovation, intervention, service or approach"

(Robson, 2002: p202)

Within the domain of applied educational psychology – the professional orientation of the current researcher - the value of appropriate and relevant evaluation is well established (Frederickson & Cline, 2009) and increasing in prominence: Eodanable & Lauchlan (2009) suggest that *'the significance of...evaluation skills for EPs cannot be undervalued in terms of their contribution to evidence-based practice.'*(p. 121), and argue that it is a fundamental part of both the current and developing EP role.

Evaluative processes more generally, it has been argued, can also be beneficial in advancing psychological theory and further establishing educational psychology as a profession in which scientific practices are paramount (Timmins & Miller, 2007): indeed the direction of the training of prospective EPs also supports the value of the practitioner psychologist being skilled in evaluative procedures (Eodanable & Lauchlan, 2009, p. 118).

Given the underpinning justification for this current research, the rationale to contribute further appropriate and methodologically sound evaluation to the wider corpus of knowledge is clear:

'The implication is that decisions about approaches and methods adopted by practitioners should be based upon systematic knowledge of intervention outcomes rather than unsubstantiated judgment'

(Dunsmuir et al., 2009 p. 53)

However, while this may be an accurate appraisal, the reality is that the evaluation of any given intervention is a complicated and often multi-faceted process (Bryman, 2008). While remaining fundamental to the process of determining if 'something' *works*, determining 'outcomes' is not always straightforward, or indeed essential, and a 'one size fits all' approach to evaluation often produces unsatisfying results (Coolican, 2009).

To consider this point further, it is important to draw a distinction between the many approaches used for evaluation, particularly to emphasise that there are a number of considerations for the researcher when selecting the method of evaluation to be used:

'Thankfully, in the febrile, pre-paradigmatic world of social science inquiry, researchers are mostly independent and not so regimented; they still pick and choose their methodology. The guiding and appropriate impulse is to tailor the method according to the perceived requirements of the topic under study'

(Pawson, 2013, p. xii)

With this proposed autonomy for the social science researcher, Robson (2002) outlines two distinct methods of evaluation dominating the contemporary scene of social research; the first being evaluation based upon *outcomes*. This type of evaluation is focussed fundamentally on the end results achieved from any given intervention (or service / policy) and is characteristically completed via experimental methods (Flagg, 2013). The methodology employed often for evaluation of this nature is concerned traditionally with understanding the 'end point' of an initiative and comparatively little consideration is given as to 'why': what was the process which facilitated the outcome?

Conversely, the second method of evaluation as outlined by Robson (2002) is the *process or theory* driven approach: researchers are fundamentally concerned with how, why, and under what conditions any given programme or intervention is successful.

Researchers, from this position, remain cognisant at all times that the characteristics of all participants, in addition to all of the inherent institutional, cultural and historical surroundings and settings are part of the programme and may play a fundamental role in its success (or lack thereof):

'What works in Wigan on a wet Wednesday will not necessarily work in Thurso on a thunderous Thursday'

(Pawson, 2013, p. xvi)

This approach to evaluation is argued (e.g. Jackson and Kolla, 2012) in some circumstances to be antithetical to the prevailing positivist framework - the need for demonstrable 'outcomes' - and consequently further discussion is merited. First, the 'traditional' approach to evaluation is considered.

2.4 Positivist approaches to Experimentation and Evaluation: Outcome Driven

'Theory without experiment is empty, experiment without theory is blind.'

(Bhaskar, 1978, p. 191)

Evaluation, when considered as a tool for determining the *efficacy* of any given programme, is often favoured for research in the public domain given the patent need for demonstrable 'outcomes' (Pugh, 2008). As such, a great deal of evaluation research contributes to social policy and theory via the experimental model:

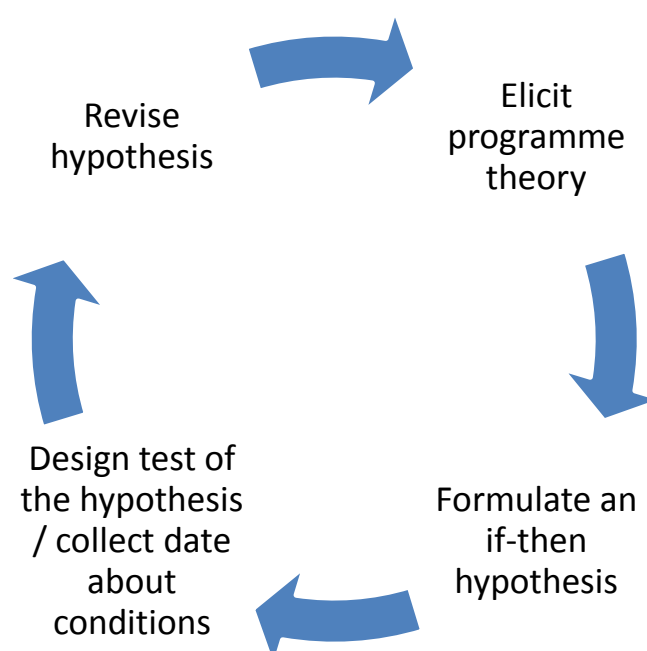


Figure 11: The Wheel of Evaluation Science (Pawson, 2013, p. 88)

The predominant rationale for the selection of this method is "*it provides a common sense way of engaging agencies to work to a common purpose*", and (b) it enables professionals to "*set objectives and measure progress over time*" (McAuley & Cleaver, 2006; p.5). More plainly, it helps to find out what *works*.

In some professions, such as health-care (and medicine in particular), the evaluation process of treatments is commonplace and embedded systematically in practice (Goldacre, 2011); either a 'treatment' (medication, operation, etc.) is effective or is not effective. The impact of an intervention can be measured clearly, and the 'success' (outcome) is evident in the results achieved: Tilley (2000), in a presentation to the 'Danish Evaluation Society' suggests that this positivist regimen is familiar:

'We are all accustomed to this method, where we see tests of the relative effectiveness of 'wash it well' and 'cleanz-best'

(p.2)

Unsurprisingly, evaluation in this guise, comparing like with like, has significant importance for the development of practice on multiple levels; from the practitioner, who needs to have confidence that the chosen intervention is efficacious, to policy makers and commissioning bodies who require assurance that 'x' intervention is better than 'y' and thus which intervention is 'best'.

Moreover, the systematic, scientific approach used to determine the efficacy of a treatment provides confidence that the intervention 'worked': unsurprisingly, contemporary practice, when underpinned by evidence and logical evaluation, offers greater accountability while simultaneously providing confidence the initiative has demonstrable effectiveness.

This approach, fundamentally, is reducible to the notion of a 'closed system', and experiments are designed to manipulate this structure; the idea is to create two or more closed systems (experimental conditions), and then under one of these conditions a new component is introduced (intervention, medication, etc.). Observations are then made of outcome differences that occur between the experimental and control condition. Should a change (or changes) occur, it is attributable to the one difference between them, namely, the experimental stimulus (Pawson, 2013).

Predictably, when evaluation is considered from this perspective, 'causation' becomes clear: it is attributed as a consequence of the manipulation of the experimental conditions (Blossfeld, 2009): 'X'...causes...'Y'. This notion of causality is often illustrated as so (where 'z' is the proposed causal mechanism):

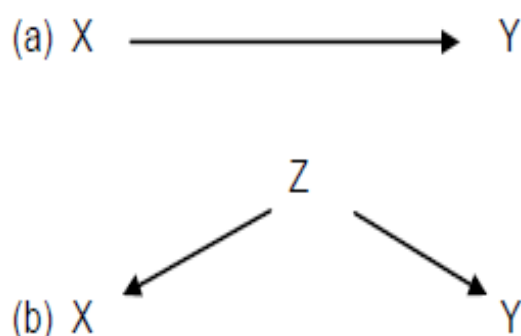


Figure 12: Showing Typical Causal Relationships in Outcome Focussed Research

This approach, however, does not provide the researcher with a holistic understanding of 'why' the control and experimental conditions behave as they do, and how/why the introduction of an experimental stimulus may change the outcomes; it is tacitly implied that the outcomes will '*speak for themselves*' (Pawson, 2013, p. 5). However, when outcomes are more challenging to discern (arguably, as in more complex and nuanced social programmes), the 'why' question becomes more significant: simply, the very process of evaluation may be dependent upon *what* is being evaluated:

"It is not enough to identify that any intervention can be effective. Effectiveness may be quite context-dependent"

(Davies et al., 2004, p50).

Some critics, predictably, suggest that this positivist model does not correlate fully with the complexities often involved in social science research (e.g. Pawson & Tilley, 1997; Pawson, 2013; Henry, Julnes & Mark, 1998). This counter-position is now considered.

2.5 Criticisms of Positivism and 'Experimentation'.

The model of evaluation outlined thus far is not without criticism. Some of the main proponents of alternative approaches to evaluation challenge the dominant positivist perspective: *'[traditional experimentation] prevails in orthodox evaluation circles'* (Tilley, 2000, p.2).

A common criticism of the positivist method of evaluation is that, when attempting to understand the complexity of some interventions or programmes, the approach is overly reductionist: *'the things we (social scientists) study – policies, programmes, interventions – are inserted into systems which are already fluid and changing'* (Archer, 1995 in Pawson, 2013, p. 6).

It is not a realistic proposition within social research to replicate fully the closed-system, variable manipulation approach outlined thus far. That is, outcomes of many interventions subject to evaluation are not stable, with them being affected by any number of observable or hidden facets, and it is these causal agents which can contribute to programme or intervention effectiveness or, in some instances, failure (Timmins & Miller, 2007):

'One discovers that although a family of programmes carries the same name and harbours the same ambitions, it will never be implemented in the same way twice'

(Pawson, 2013, p.xvi)

Therefore, being focused on an eventual outcome of any given intervention may risk neglecting the primary element of an intervention which contributed to its efficacy and success (Kazi et al., 2011). Experimental models, within the positivist paradigm, may therefore present a *'mechanistic and reductionist view of reality/nature, which by definition excludes notions of choice, freedom, individuality and moral responsibility'* (Cohen et al., 2004, p.17).

Accordingly, when attempting to understand complexity in *social intervention*, there appears to be a convincing rationale that utilising positivist evaluative methods may be inappropriate; a complex interplay exists when people are involved, and as such

it is not possible, within the constraints of natural science, to formulate general laws and certainties with regard to outcomes for social programmes (Pawson, 2013).

This is not a widely held conclusion (Pawson, 2013). Many (e.g. Popper, 1961) argue for the precedence of natural science approaches: hypotheses can be empirically 'tested', and should these hypotheses withstand scrutiny, they become further reinforced and survive to 'fight another day'. This process, 'falsification', cannot be replicated fully within social research, and thus the impact of social science is contended to be modest: *'piecemeal social engineering'* (Popper, 1961, p.43).

However, all is not lost: emerging paradigms challenge this assertion and RE is one such position; social programmes *do* have inherent hypotheses, it is just a case of defining them.

2.6 Post-Positivism: Process and Theory-Driven Evaluation

"Programmes work (have successful 'outcomes') only in so far as they introduce the appropriate ideas and opportunities ('mechanisms') to groups in the appropriate social and cultural conditions ('contexts')"

(Pawson, 2013, p58).

There has long been a 'friction' between *'exponents of the 'process' and 'theory' evaluation'* and positivist approaches (Pawson, 2013, p.19). A primary reason for this is that process guided evaluation occupies a different position within the realm of evaluative methods: process driven evaluation is fundamentally focussed on determining 'how' or 'why' something works – rather than simply 'if' it works.

This involves systematic investigation of the *implementation* of a programme (Robson, 2002), and the search for, and refining of, *explanations* of programme effectiveness.

A common example used (Tilley, 2000) to explain this position can be found in the notion of gun powder; gun powder is effective (i.e. it 'works') only if there is a

sufficient quantity, the external conditions (dryness, how compact the powder is, that it is placed within the correct chamber, etc.) are correct, and the 'mechanism' of action is completed appropriately (pulling the trigger). The causal potential is only realised when the conditions are established and implemented correctly.

In this example, if one were to consider the outcome in isolation, it would be tempting to overlook the other features which contributed to this outcome occurring. Process driven evaluators are encouraged to look beyond the outcome through opening the aforementioned '*black box*' of an intervention (Pawson, 2013, p. xvii) and explore the 'why'.

This process is completed by the refining of programme 'theories' (theoretical mechanisms of action which are implicit 'within' a developed programme). It is through investigating these underlying assumptions that the researcher can derive hypotheses which can then be explored via more traditional methods.

More plainly: a researcher needs to deduce, from formative information relating to the programme in question, the proposed theories as to why it *ought to* work. These theories can then be tested experimentally: a social programme 'works' (outcome), because of the action of some of the underlying 'mechanisms' (theory), which are only triggered if contextual influences are suitable in the triggering *of* the mechanism:

'If the right processes operate, in the right conditions, then the programme will prevail'

(Pawson, 2013, p.22)

Diagrammatically, this is often presented thus, where the mechanism of action can only be triggered once the context-specific conditions are in place:

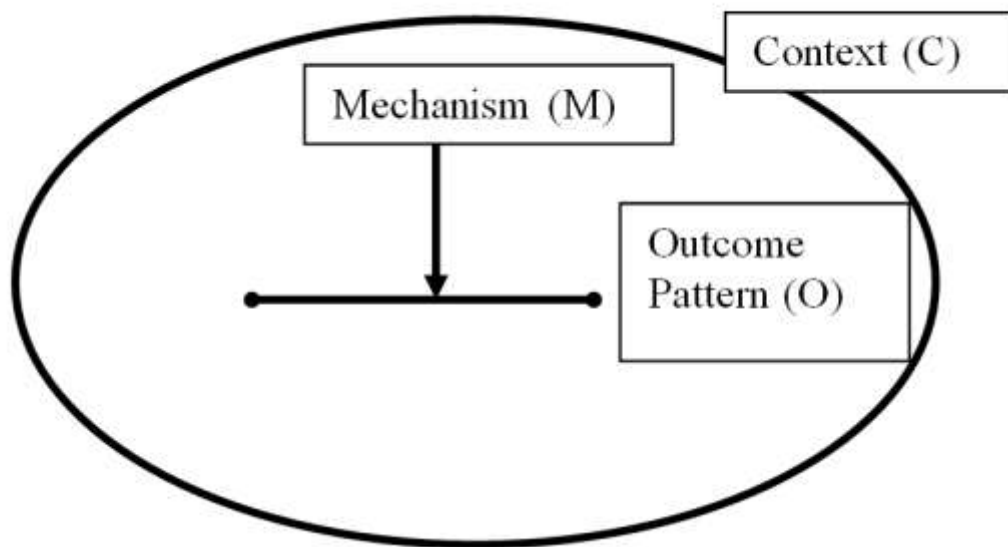


Figure 13: Showing The 'Basic Ingredients of Realist Social Explanation and Experiment.

To make this process more simple, prominent texts from RE researchers (Pawson & Tilley, 1997; 2004, Pawson, 2013) and 'jobbing' researchers contributing to this methodological approach (e.g. Thistleton, 2008; Crowley, 2012) represent this via the pseudo-equation:

$$Context(C) + Mechanism(M) \Rightarrow Outcome(O)$$

Context – the physical environment or setting in which a programme or intervention is delivered, including factors hidden or beyond the control of programme developers that may contribute to the operation (or non-operation) of 'mechanisms' (Timmins & Miller, 2007);

Mechanisms – the operations people working within the programme can complete and/or manipulate to produce the desired outcome when facilitated by the context, underpinned by theory (Timmins & Miller, 2007, p.10);

Outcomes – the results produced by the interaction of context and mechanism.

In other words, from a Realist perspective: a programme, whether efficacious or not, is reliant on the causal power of its underlying mechanisms (M). These mechanisms

are the underpinning theory of how a programme will achieve its aims (outcomes). However, these mechanisms need to be triggered in order to influence outcomes; this is dependent on the context (C) operating in a way which allows the mechanisms to operate.

Clearly, then, it is important to uncover these underlying mechanisms – how a programme ought to work - and the contextual features which ‘trigger’ them. How does a researcher achieve this?

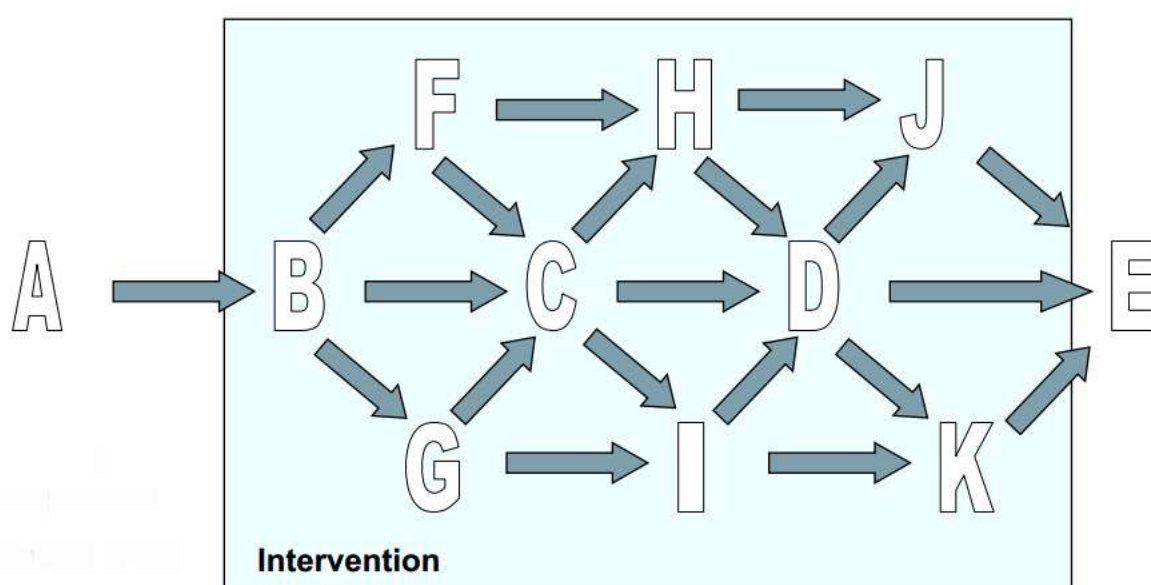


Figure 14: Showing An Example of a 'Complex' Intervention with Letters in the Centre Box 'Black Box' representing the many possible underlying mechanisms (adapted from Wong, et al., 2010)

2.7 Contexts, Mechanisms and Outcomes: The Nature of Complexity

*'I can perceive endless b***** mechanisms and contexts in my programme, but I cannot tell one from the other'*

(Pawson, 2013, p. xiv)

As has been mentioned previously, a main tenet of RE is the derivation and subsequent testing of 'programme theories': this is completed through eliciting from key programme texts, potential contextual and mechanistic features of a programme

which might lead to an eventual outcome; how the programme ought to operate, theoretically.

However, this has been a long-standing technical difficulty of RE. Before this current paper moves on to actually completing the process of determining programme theories for POP, it is of paramount importance to consider the challenges ahead.

Pawson (2013) suggests that: *'the most unlovely term in Realist terminology is the 'context, mechanism, outcome configuration (CMOc)' (p. 21).*

He makes this assertion because of 'complexity': simply, programmes never offer up a single theory of why they ought to work, there will always be multiple mechanisms (the inherent ideas within a programme) which unsurprisingly are impacted by multiple contextual factors (the significant range of individual circumstances and institutional conditions) which all contribute to the eventual outcomes. How then does the researcher determine which programme theories are *key* to the programme being investigated, and how does one determine which theories to discard?

The RE response to this concern is the development of a CMOc table which provides the researcher with a way of outlining many possible hypotheses within an investigation:

Context	+	Mechanism	=	Outcome
C1	+	M1	=	O1
C2	+	M2	=	O2
Cn	+	Mn	=	On

Figure 15: Showing Typical CMOc Table (adapted from Pawson, 2013)

This process allows the researcher to consider the many possible CMO configurations that *may* be present within the programme under study from key programme texts.

A sceptical critic, quite rightly, would argue that the limit of each column in the CMO table is infinite: it will never be realistic to consider *every* potential CMO for any given programme, and thus *'any particular effort to draw up a list will be arbitrary'* (Pawson, 2013, p. 25).

However, this potential limitation may be considered an asset of the research approach: ultimately, if the fastidious researcher derives theories accurately from the key programme texts (and wider research base) which underpins a programme, it will become clear which CMO hypotheses are worthy of further study, and those which *might* be embedded within a programme, though unlikely: '*a particular challenge [with RE] is being able to clearly define mechanisms, and distinguish between what was a mechanism and what was context*' (Rycroft-Malone, 2010, p. 36)

The astute researcher must be aware of the *potential* for an overabundance of potential 'programme theories', yet cognisant that *some* (many?) of these potential theories are unlikely to be valid if grounded in the theoretical and conceptual framework which underpins the programme under study (Pawson, 2013): if the researcher is to define *relevant and applicable programme theories* (CMO configurations), these need to be based upon latent theories from within the literature.

Predictably, to complete this task efficiently, it would be appropriate under traditional circumstances to complete a review of the literature, perhaps via a systematic review and then subsequently derive these programme theories from within it.

However, to ensure that this current study remains true to the Realist philosophical ideals, an alternative approach to surveying the literature is utilised: the Realist Synthesis (RS) which allows programme theories to be elicited more straightforwardly.

2.8 Realist Synthesis: Overview and Rationale

In recent years there has been an increase in the variety of methods available to review research (Rycroft-Malone, 2012); and '*one approach that has been growing in popularity is Realist [review and] Synthesis*' (p.33). It is this approach to reviewing available research that is adopted for this current research project.

Pawson & Tilley (2004) posit that '*programmes do not just 'have effects', they are 'theories' (piv-v)* and that the traditional literature review, which is an '*intentionally inflexible*' (p. v), is not an appropriate methodology to utilise when appraising literature relating to social programmes.

2.9 Criticism of the Traditional Systematic Review

Traditionally, the process of reviewing literature available and relevant to a specific topic (as in the '*systematic review*') is formulaic: identify, appraise, select and synthesize all research which adheres to the strict, positivist criteria defined from the outset (figure 19):

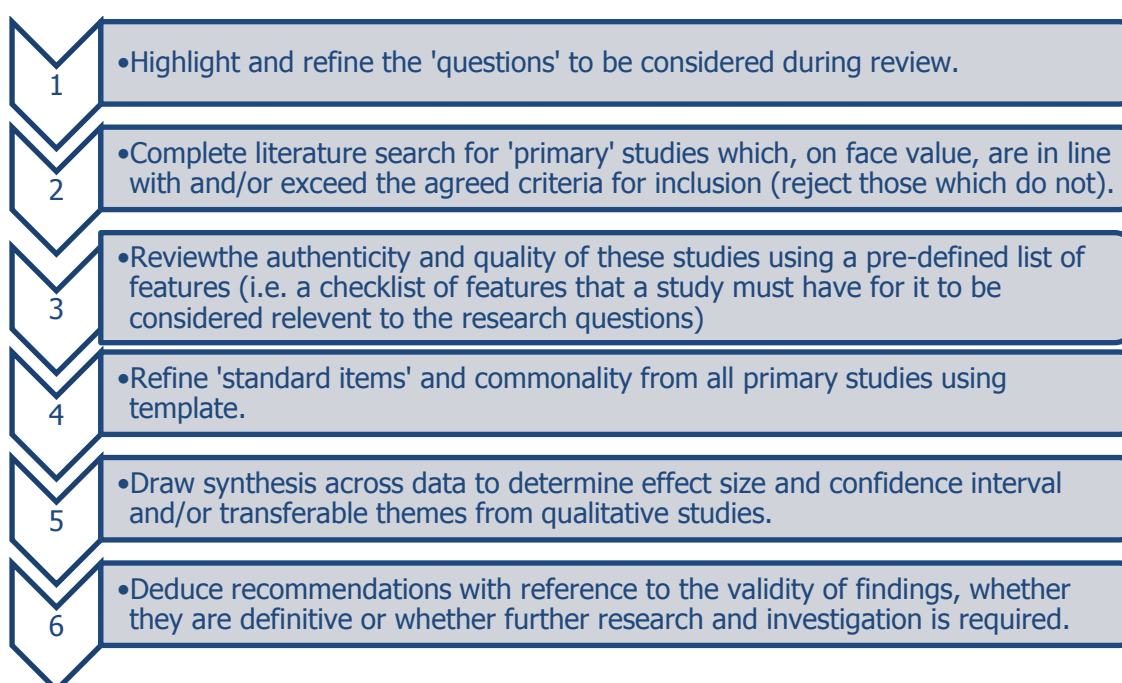


Figure 16: Detailing The Cochrane Systematic Review Process (adapted from Cochrane Handbook, Higgins and Green, 2011)

This process is '*generally followed for both qualitative and quantitative systematic reviews*' (Pawson et al., 2004). However, from the perspective of the Realist, this methodology is unsatisfactory: complex social programmes (e.g. POP) operate within complicated social systems and thus literature review methods which are inherently focussed upon determining 'outcomes' (as opposed to 'why' something worked) such as the traditional systematic review which adheres to a strict positivist orientation, are not directly applicable to such social programmes:

"Attempts to determine whether [complex social interventions] 'work' using the conventional armoury of the systematic review will always end up with the homogenised answer 'to some extent' or 'sometimes' "

(Pawson et al., 2004, p. IV)

Paradoxically, if the aim of a review were to determine, from the literature, the outcomes of an experimental procedure in isolation, selecting a method which offered detailed explanation as to 'why' an outcome occurred (the many potential underlying theories which *might* be causally responsible for an outcome) might be unnecessarily exhaustive.

In this instance a RS would not necessarily be appropriate (Rycroft Malone, 2010; Pawson, 2013): evaluations which give indeterminate answers to the efficacy of an intervention are of little use to policy maker or commissioners.

The reflective researcher, again benefitting from the pre-paradigmatic circumstances of the RE methodology, can ensure that the *appropriate methods for literature review are selected*. How then is a RS different?

The RS is primarily focussed upon the 'understanding' of *how* an intervention works (or indeed does not work) rather than providing a judgment as to the value or 'effectiveness' of any given programme. The RS is 'theory driven', in line with the Realist perspective, in that the fundamental principle is to make explicit how a programme is '*supposed*' to work (called the 'programme theory') and then to review whether this is true *in practice*.

The RS is designed to support in the eliciting of these theories, and thus follows an alternative route to appraising the literature:

Stage	Action	Activity
Define the 'scope' of the review	Identify the research question(s).	<ul style="list-style-type: none"> ○ What are the principles for the intervention / programme? ○ What are the circumstances and/or context of its use?
	Clarify the 'purpose' of the review.	<ul style="list-style-type: none"> ○ Theory 'integrity' – does the intervention work as it's supposed to? ○ Theory appraisal – to which theories does intervention seem to align best? ○ What research is 'out there' in relation to the intervention success / failure in different settings? ○ Does the theory 'translate' well into practice?
	Identify and develop the espoused programme theories.	<ul style="list-style-type: none"> ○ Search for relevant theories that might underpin the programme and develop a list of 'programme theories'.
Search for and 'appraise' the evidence	Search for the evidence.	<ul style="list-style-type: none"> ○ Define a sampling strategy + inclusion/exclusion criteria. ○ Define search terms and methods
	Test for relevance.	<ul style="list-style-type: none"> ○ Does the research address the theory under 'test'?
Extract and synthesise findings	Extract and Synthesise	<ul style="list-style-type: none"> ○ Compare and contrast findings from studies and use findings to address the 'questions' of the review. ○ Seek confirmatory and contradictory findings and refine programme theories in light of the evidence

Figure 17: Showing Approach to The Realist Synthesis (adapted from Rycroft-Malone et al., 2012)

When reviewing literature using a RS, we are *looking past* the eventual outcomes of an intervention, and focusing on surfacing then appraising underlying programme theories.

It would seem clear that, due to wanting to be methodologically rigorous in line with RE, alongside the requirement to investigate *how* POP *ought* to work theoretically (before then testing this in the real world), that the RS approach is more valid to appraising the literature associated with POP.

Given this rationale, a RS for the programme under study now follows.

Chapter 3: POP Deconstructed: Eliciting 'Programme Theories' and Realist Synthesis (Literature Review).

'[Early adversity and rejection is] ...like getting knocked on the head with a brick...'

(Baumeister, 2005, p.733)

3.1 Introduction

As has been highlighted thus far, the persistent social, emotional and behavioural difficulties of LAC have been long established (e.g. Norwich, et al. 2010; Golding, 2008), though numerous hypotheses are present as to why such difficulties occur: the complexity within this population is considerable (Iwaniec, 2006).

Often failing care systems are seen as being a/the primary causal 'factor' (Munro, 2001;2011) for the poor life outcomes noted, though a sceptical observer might argue that, as the evidence presented earlier in this document highlights, this proposal may not be overwhelmingly convincing (Cooper, 2011; Munro, 2011; Ayre & Preston-Shoot, 2010). *Pre-care* experiences might set the precedent for later difficulties and be the most significant contributory feature (Woolgar & Baldock, 2014); the quality of care either compounds or minimises this already existing early trauma (Houston, 2006)

Nevertheless, it may also be a defensible position that historical initiatives, developed to support care settings in their practice have not correlated well with the underlying values of the corporate parenting role (i.e. Butler & Drakeford, 2010; Pitts & Bateman, 2010), thus contributing further to the poor efficacy noted.

Yet, surprisingly, even though LAC demonstrate a panoply of difficulties, those squarely within the remit of the distinctive contribution of an EP (Cameron, 2006), the amount of research studies from the perspective of an applied psychologist, addressing specifically these complex challenges, is relatively scant (Cameron & Maginn, 2009). Psychologists have also had limited involvement in the development of historical initiatives (Norwich, et al, 2010).

Accordingly, as the previous strategies and initiatives targeted toward LAC have been deemed relatively ineffective (Cameron & Maginn, 2009; ECM, 2003; Choice Protects, 2003; Care Matters, 2006), might it be that an alternative approach is required - an approach which finds robust evidence and support within the psychological research literature and is more closely aligned with the philosophy of the professions involved with LAC services?

It was these considerations which underpinned the development of the POP (Cameron & Maginn, 2009) model, juxtaposed with the approaches utilised for the development of historical endeavours.

3.2 Designing the model

The POP model is split in to five general domains, outlined across the key texts relating to the intervention (Cameron & Maginn 2008; 2009; 2011; 2013). The model broadly encompasses the following points:

- Providing perpetual support, training and 'advice' for carers through consultation with a practitioner psychologist;
- Supporting professional carers to meet the 'parenting' needs of LAC;
- Empowering professionals involved in a caring role to support LAC in their moving past 'trauma';
- Offering professional carers a framework of 'simple but effective' strategies to understand the considerable emotional and behavioural challenges presented often (but not always) by LAC, and;
- Supporting carers to acknowledge the positive traits of LAC and use these attributes their work in helping C&YP to develop emotionally, socially, behaviourally and academically.

This model is represented diagrammatically as:

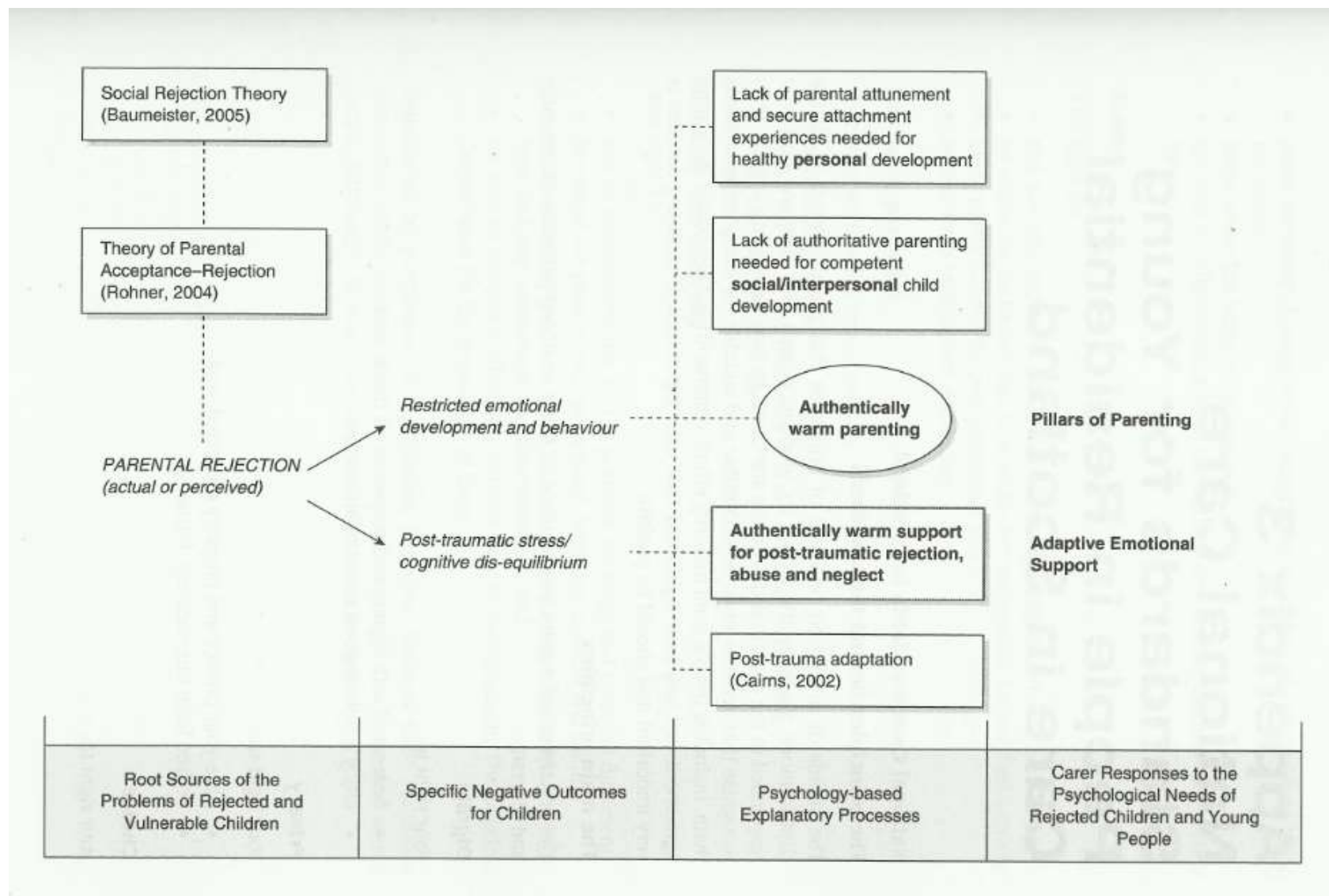


Figure 18: Showing The Holistic POP Process (Cameron & Maginn, 2009)

The model, while visually complicated, is largely designed to operate on many 'levels' of practice; from the ethos and outlook of carers, to the practical offering of 'solutions' to many challenges faced day-to-day.

More pragmatically, suggest the authors, while previous 'top down' guidance has been provided which aimed to highlight exactly what professionals involved in a 'parenting' role should *do* (e.g. Children's Workforce Development Council, 2007), they argue that there was a lack of clarity for corporate parents to comprehend fully the extent of their role and how to respond practically to the needs of LAC:

'[Previous guidance is] too vague and unspecified to provide a framework for good practice for carers'

(p. 22)

As a result, POP was designed inductively through '*months of discussion with young people, carers, psychologists, managers, parents and foster 'parents' and [identified] what 'good' parents should do*' (Cameron & Maginn, 2009, p. 20). This is an alternative approach to previous initiatives, as the development of the model focussed on asking professional carers what support and guidance they would value in their role, before then developing a model based upon this feedback, in line with robust psychological evidence.

Consequently, the programme authors argue that the emergent POP framework for practice has a strong 'bottom up' philosophy, was driven by the professionals it was developed to support and that it derives theoretical grounding from classic and contemporary psychological theory: attachment theory (e.g. Ainsworth 1973; Bowlby, 1969), developmental psychology (Maslow, 1971), positive psychology (Seligman 2002; Csikszentmihalyi 1996) and emotional competence (Saarni, 1999).

Clearly many of these assertions require further appraisal and critique.

Consequently, at this juncture, the inherent assumptions of the model *must* be surfaced clearly, before they are then appraised via the RS¹⁰. It is to outlining the

¹⁰ This is the procedure for RE: 'RE is avowedly theory-driven; it searches for and refines explanations and theories of programme effectiveness' (Pawson, 2013, p.15).

'programme theories' inherent in the POP model that the current paper now turns through 'deconstructing' the underlying theories.¹¹

3.3 Step 1: Elicit Underlying Programme Theories - The Roots of the POP Model.

From closely analysing programme documentation, particularly that from the programme authors, it is, without question, the most prominent underlying assumption of the POP model that C&YP, *before* they enter care, have experienced significant trauma (Cameron & Maginn, 2009; 2011; 2013 Jackson & Simon, 2005).

Not only are these C&YP likely to have been subject to any number of challenging circumstances, they are also likely to have experienced 'parental rejection' - argued by the some to be the most *profound* challenge that C&YP can face (Rohner, 2004; Cameron & Maginn, 2009; Khaleque, 2012).

The POP model conceptualises this early parental rejection in particular as a type of 'trauma'. The programme authors posit that it is this early rejection, largely overlooked historically within previous Government initiatives, which then sets a precedent for LAC's developmental outcomes:

'[When parental rejection occurs] children worldwide, regardless of variations in culture, gender, age, ethnicity or other such defining factors tend to behave in ways which are hostile and aggressive [which impacts their development]'

(Cameron & Maginn, 2011, p. 46).

This initial underlying theory, that many LAC have experienced trauma, provides foundation for the later assumptions inherent within the POP model; without

¹¹ Outlining programme theories, including those fundamental to the POP model, can be challenging. To safeguard clarity and to ensure transparency, the steps of surfacing programme theories for POP are underpinned by guidance outlined in Pawson & Sridrahan (2010). This step-by-step procedure is often viewed as a valid template for eliciting underlying hypotheses (Rycroft-Malone, 2012; Pawson, 2013) – Appendix 5 for an overview of the process

recognising and accepting this initial hypothesis, the remaining suppositions of the programme are vulnerable¹².

Nevertheless, from this position the authors argue that adults tasked with the role of 'corporate parent' have an opportunity to understand and be sensitive towards this early trauma and rejection, and possibly negate the damage that this formative experience has caused:

'[When LAC are conceptualised as having experienced trauma]...a new priority becomes the empowering of residential...carers with the knowledge and skills to understand and respond appropriately to the emotional [and traumatic] difficulties that are exhibited by LAC'

(Cameron & Maginn, 2011, p. 48)

To complete this task comprehensively, it is the assertion of Cameron & Maginn (2009; 2011) that care staff should demonstrate 'Authentic Emotional Warmth' (AEW). AEW, they argue, is an umbrella term for many attributes required of professional carers to support the C&YP with whom they work: AEW incorporates 'Good Parenting', appropriate emotional attunement and response to 'trauma', and a strengths-focused approach.

More specifically, Cameron & Maginn (2009) conceptualise the features of AEW as attributes/skills which can be developed and refined to be more responsive to the needs of LAC; for example, they assert that although 'Good Parenting' may *appear* like an innate attribute that all adults have, the underpinning base of psychological theory would suggest that it is instead a '*complex activity that involves the interrogation of many specific behaviours that impact on immediate, medium and long-term outcomes for the child*' (Maccoby, 1999 in Cameron & Maginn, 2009, p. 21).

Plainly there may be some dissonance between what professional carers *perceive* to be 'Good Parenting' and what psychological evidence might suggest. Their model,

¹² At this stage we are only 'surfacing' the underlying theories, it is important to 'accept' this hypothesis as reliable. A more significant critique of each 'programme theory' is provided in the Realist Synthesis

they assert, can bring carers' thinking in line with what evidence would suggest as 'best practice'.

Finally, if one were to concur with both of the highlighted programme theories thus far (C&YP have experienced trauma before care, and this can be negated through the 'AEW' approach from carers), it would follow that care staff receiving support in how to develop their skills to work with LAC, underpinned by robust evidence, might have a practicable and considerable impact on both the development of the C&YP but also be empowering for the staff themselves.

To assist professional carers in this endeavour, the POP model approach suggests that *consultation* with practitioner psychologists is essential: this consultative process can further empower, guide and advise care staff so that caring activities move towards being more in-line with, and underpinned by evidence and theory.

More concisely, the model's underlying assumptions suggest that:

The main underlying assumptions for the POP model:
1. C&YP that enter care are significantly likely to have experience 'rejection' which is analogous to 'trauma'; LAC's difficulties can be better understood via this lens;
2. If professional carers demonstrate AEW, and daily practice in line with sound psychological research, this trauma can be reduced or negated, and;
3. To assist with this, carers can be empowered by psychological consultation – this provides confidence that they are meeting the needs of the C&YP in their care, and may well improve outcomes for the C&YP.

These three 'programme theories' emerge organically from reading key POP texts, and provide the underlying hypotheses as to *how* the programme authors suggest the POP model *should* work; broadly, the authors suggest that if these three programme theories are triggered effectively within a context, the outcomes for LAC might be significantly improved. It is important to 'map' these theories to explain how they are hypothesised to work.

3.4 Step 2: Map and select the Theories to put to Realist Synthesis

Diagrammatically the philosophy of the model can be mapped in two ways¹³:

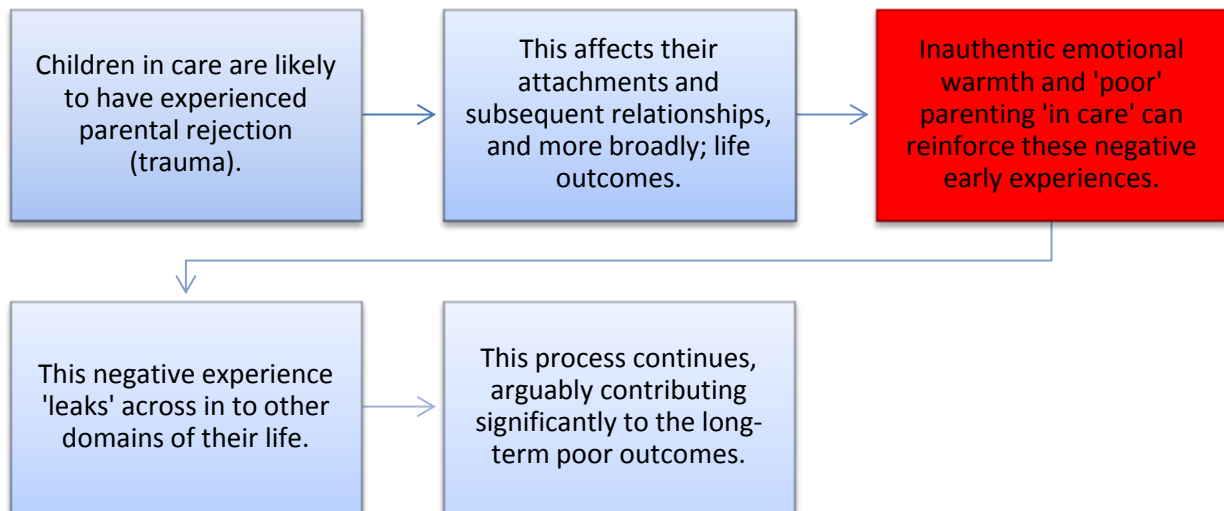


Figure 19: Showing the Potential Consequences of Poor 'In Care' Experiences

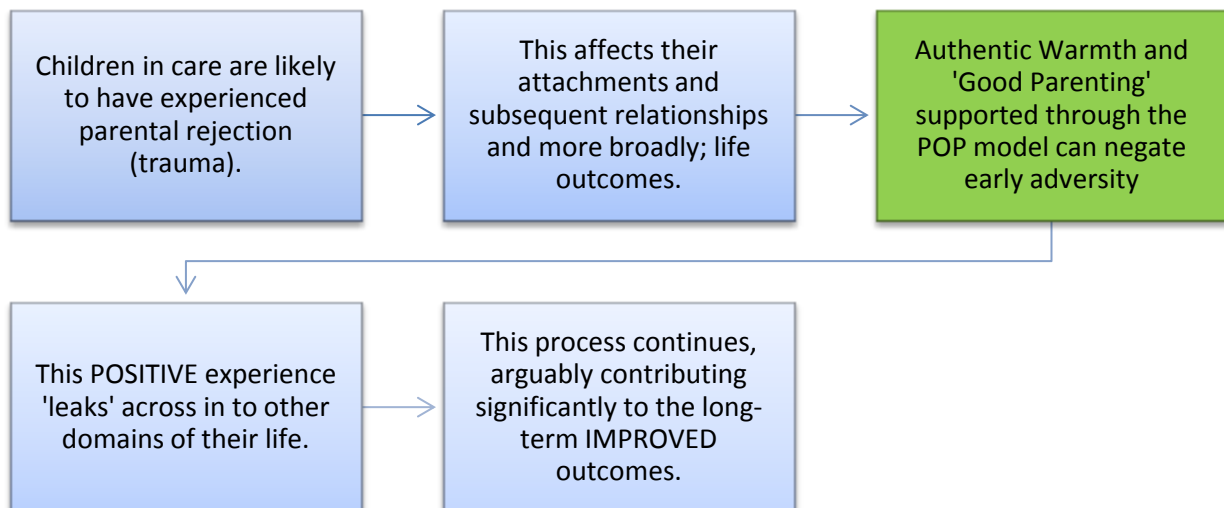
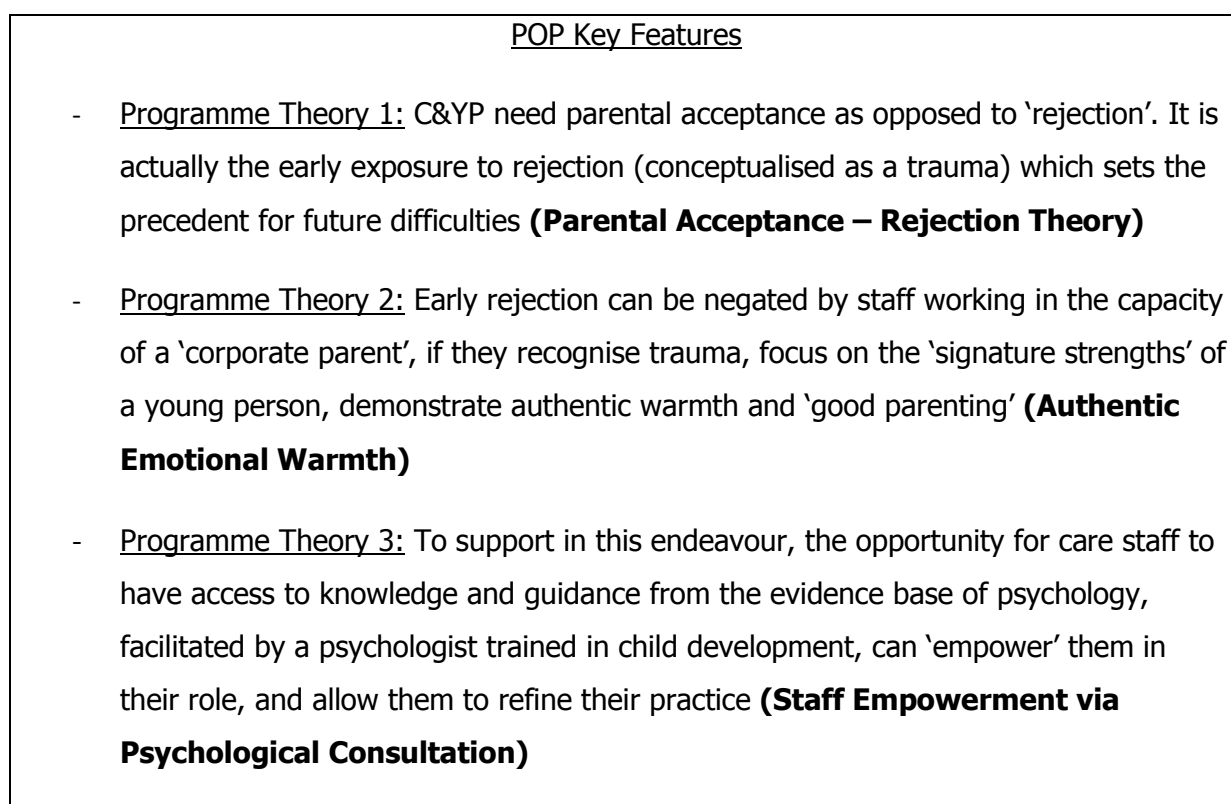


Figure 20 Showing: The Potential Consequences of Good 'In Care' Experiences.

¹³ The 'red' box, suggest Cameron & Maginn (2009), is a significant flaw in the current circumstances for LAC services, while the 'green' box demonstrates how these challenges may be negated through the POP model.

The underlying POP programme theories, '*derived from closely analysing programme documentation from the programme creators*' (Pawson & Sridrahan, 2010), are now interpreted into succinct descriptions which arguably capture their nuance:

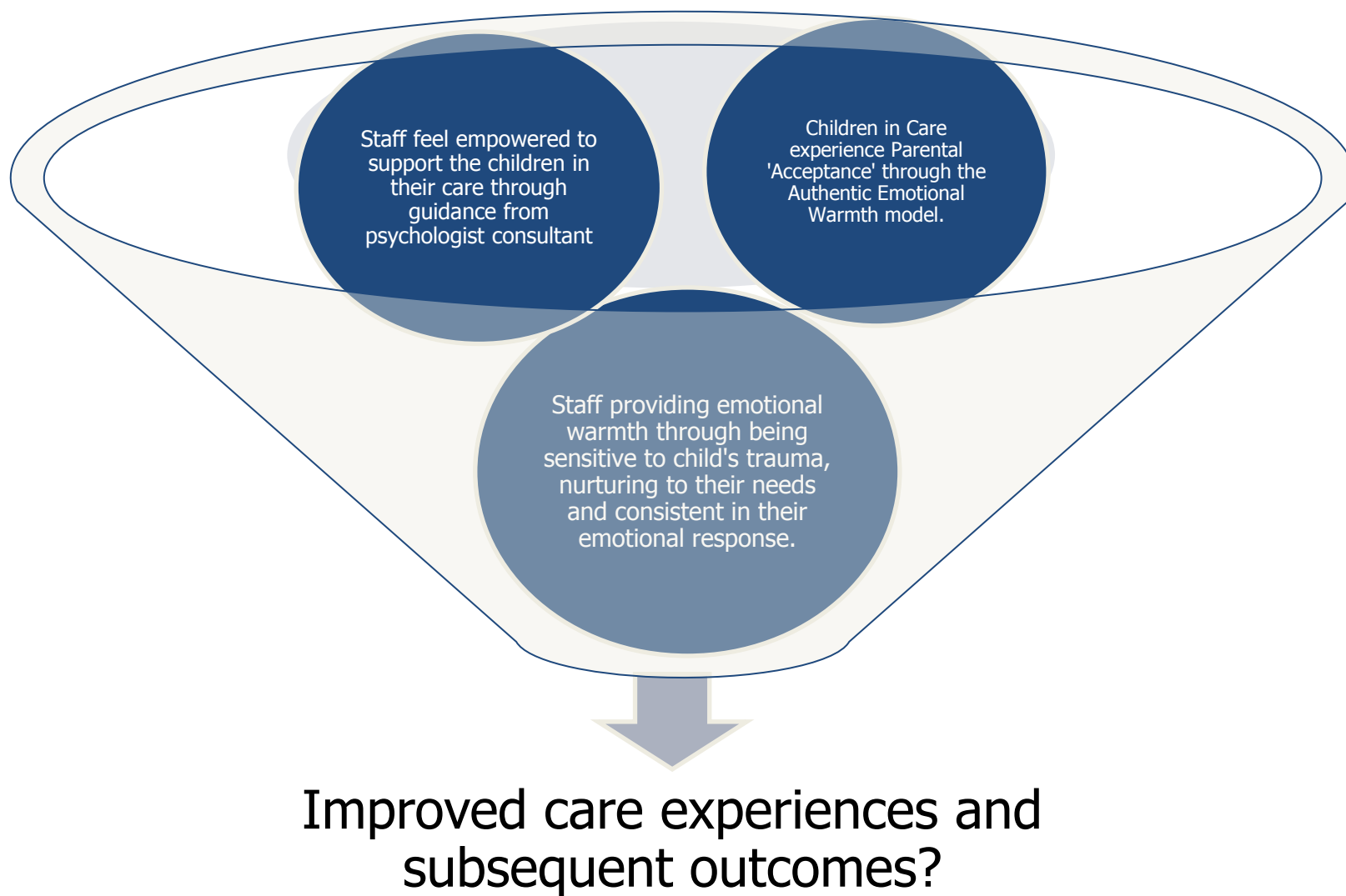
Figure 21 Showing a Qualitative Sketch of the POP Perspective.



It is exclusively these principals which provide the '*conceptual and theoretical framework*' (Pawson, 2013, p.26) for the POP programme. These hypotheses are the fundamental *programme theories* which are tacit in how the programme is structured and designed to 'work'. From careful reading of all texts published for this model (Cameron & Maginn, 2008; 2009; 2011; 2013), these theories permeate throughout.

For ease of comprehension, the model works, according to the underlying programme theories, as follows:

Figure 22: Showing The 'Funnel' Effect of the Underlying Programme Theories (Hypotheses)



As is the nature of RE, it is important to investigate in more detail each proposed programme theory, and if required 'refine' them via theory uncovered through the RS: does the research evidence support these programme theories as being valid, and are the programme authors' assertions reliable?

3.5 Step 3: Formalising the Theories to 'Test' via Realist Synthesis

As there are three primary programme theories which emerged from the core texts, the following RS is split in to three sections, each rigorously reviewing the research relating to that particular theory.

Pawson et al (2004) suggest that where RS is concerned, there are four distinct conceptualisations of how the 'synthesis' is understood. These can be defined as (p.15):

Pawson et al (2004) '4' approaches to the Realist Synthesis.
(i) reviewing for programme theory integrity,
(ii) reviewing to adjudicate between rival programme theories,
(iii) reviewing the same theory in comparative settings and
(iv) reviewing official expectations against actual practice.

It is hoped that the reader will be unsurprised, given the 'conceptual framework' outlined already, that the main purpose of the following synthesis is to 'review the hypothesised programme theories for integrity'; simply, some programme theories have been proposed through an initial deconstruction of the POP base texts, however, are these theories reliable?¹⁴

As is the nature of realistic evaluation, it is not appropriate to devise research questions which attest to the efficacy of any specific programme: the main aims are to elicit the underpinning hypotheses embedded within key texts from the programme authors, scrutinise these via a literature review (or as is the case with

¹⁴ There is an additional complication for completing Realist Syntheses: determining which research to include / discard in the review. Appendices 6-8 highlight this process for the reader and details the search process rigorously to ensure absolute transparency.

the current research, a realist synthesis), refine the theories if necessary, and then 'test' these hypotheses within a real world setting. As such, the research questions necessarily relate primarily to the *validity* of the underlying theories, and how they are expressed in situ. The following research questions underpinned the direction and goals of the current research:

1. What is the '*Parental Acceptance – Rejection Theory*' and what evidence is there to support this hypothesis being significant in the positive / negative development of C&YP? Is there a correlation or causal effect from early trauma?
2. What is meant by the Authentic Warmth approach? What is the integrity of this 'programme theory' and model?
3. Is there a precedent for psychological consultation in similar programmes, and how efficacious / valuable is psychological consultation in terms of 'staff empowerment'?

Largely, these questions underpin the primary aim of the research: to what extent are the proposed hypotheses as to why the POP model *should* work evident within both research and 'real world' contexts? This research question permeated throughout the current project and questions of a similar nature are indicative of the realistic evaluation approach: the testing and refining of programme theory, rather than programme effectiveness or 'successes.

3.6 Step 4: Data Collection and Analysis – The Realist Synthesis

3.6.1 Programme Theory 1: Parental Acceptance-Rejection Theory (PART)

'Rejection is not simply one misfortune among many, nor just a bit of sad drama – it strikes at the heart of what the psyche is designed for.'

(Baumeister, 2005, p. 732).

A primary human need in life is 'belonging' or acceptance (Bowlby, 1979). From a detailed appraisal of the core POP texts, it is clear that the authors feel that the

notion of parental 'rejection' (contrasted with 'acceptance') is antithetical to this idea of 'belonging' and a key feature of why LAC often experience such significant challenges across the life course:

'Our hypothesis is that LAC belong to a much larger overall group of dysfunctional children with the common factor being the trauma of parental rejection'

(Cameron & Maginn, 2009, p.12)

This position is built on foundations from research into the effect that parental acceptance or rejection can have upon C&YP in their formative years (e.g. Rohner, 2004; Baumeister, 2005; Magaro & Weisz, 2006; Hale et al., 2008), which is then posited to subsequently impact C&YPs later life experiences (Fonargy, 2003; Hale et al., 2005). From the POP perspective, this is conceptualised as the '*Parental Acceptance – Rejection Theory*' (PART) (Rohner, 2004).

Figure 23: Showing Main themes from PART - Adapted from Rohner (2004)

Main themes from PART

- C&YP during formative years, require acceptance *not* 'rejection'.
- Rejection, though arguably esoteric can be patently *evident* or, sometimes *perceived* by C&YP.
- If the C&YPs requirements for 'acceptance' are unmet, emotional difficulties arise.
- The difficulties which emerge for C&YP are a consequence of this rejection.
- These emotional and behavioural difficulties can be pervasive over the long-term.

PART is the posited notion that there is a *causal* relationship between evident (or perceived) parental warmth and acceptance in infancy, and subsequent personality dispositions and/or psychological adjustment (Khaleque & Rohner, 2012). This theory suggests that C&YP need a *particular* form of emotional support from their parents and/or primary caregiver (a 'positive response'), through parental 'acceptance'. When this need is met fully, C&YP are able to develop appropriate

emotional regulation, behaviours and representations of relationships (Rohner, 2004).

However, when this need is not met appropriately (i.e. through inappropriate emotional attunement and response by parents/caregivers), C&YP may present in ways which are: antagonistic and hostile; dependent or overtly independent; they may demonstrate poor confidence and self-adequacy; be emotionally muted; habitually unstable and possibly retain a negative view of the world in which they live (Rohner et al., 2005).

The programme authors suggest that these emergent behaviours are consistent with the C&YP having had experiences akin to trauma (Cairns, 2002); fundamentally researchers that support PART attribute these difficulties in later life as being a causal *response* to this trauma of rejection. It is not until this trauma is resolved that C&YP can develop positively and 'move on' from their disruptive formative experiences (Cameron & Maginn, 2009, p. 70): one of the key roles of residential care staff is to facilitate this process.

There has developed a considerable body of evidence which *may* support the validity of this conceptualisation (e.g. Rohner et al., 2005; Baumeister; 2005) - cross cultural studies appear to suggest the universal need for parental 'acceptance' as being consistent, even when gender, age and ethnicity are standardised (Khaleque & Rohner, 2002):

'Nearly 2,000 studies cross-culturally confirm the widely held belief that children everywhere need acceptance from parents and other attachment figures'

(Rohner et al., 2005, p. 299)

Or, contrastingly for 'rejection':

'Empirical evidence now supports many of the major claims...that parental rejection is likely to be universally associated with a specific form of psychological maladjustment involving emotional, social, personal and other problems.'

(Cameron & Maginn, 2009, p.11)

This notion that early life experience is related to later-life difficulties is not novel: it is clear that the roots of PART are closely aligned with the classical psychological and attachment hypotheses proposed by Bowlby (1979):

'Human beings of all ages are happiest and able to employ their talents to best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid if difficulties arise. The person trusted, also known as an attachment figure, can be considered as providing a secure base from which to operate'

(p.103)

Nevertheless, PART is demarcated quite clearly as being distinct from attachment theory – according to Rohner (1986, 2004), PART is an *evidence-based theory* of socialization and lifespan development and it aims to predict and explain major causes, consequences, and other correlates of interpersonal acceptance and rejection across the world.

As such, the claims of this theory need to be appraised independently of other, closely related hypotheses, and it is to the role of providing a sceptical consideration of PART that the current paper turns: what is the theoretical validity of PART, is parental rejection or acceptance causally related to emergent social, behavioural and emotional variance, and how is PART different from other competing theories (e.g. attachment theory)?

3.6.2 Critique of PART.

It would be a truism to suggest that many LAC, by the very nature of their circumstances, are more likely to have experienced parental/caregiver relationships towards the 'negative' (rejection) end of the PART 'spectrum':

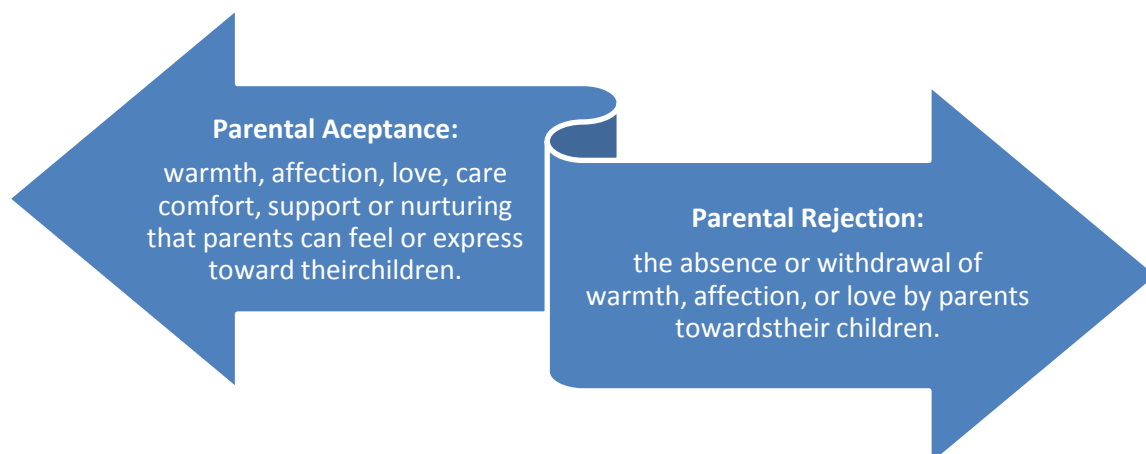


Figure 24: Showing The Parental Acceptance / Rejection Continuum (My Design, words from Pawson & Tilley, 2011)

Indeed it is well documented in research that: adolescents are more likely to develop behavioural difficulties when they report early life rejection (Buehler & Gerard 2002; Chang et al., 2003; Chen et al., 2000); C&YP are more at risk of developing a negative self-image and self-evaluation as a result of rejection (Kim-Cohen et al., 2003; Nolan et al., 2003) and being rejected by parents has been associated with emotional and behavioural 'maladjustment' including depression (or depressive-behaviours), aggression and anger, and suicidal behaviours in adolescence (e.g., Fotti et al., 2006). It is almost universally agreed that adverse experiences during formative years has a negative impact on the developing youngster (Sentse et al., 2010).

Additional support proposed for the negative impact that rejection in the formative years can have is found within the domain of neuroscience: some studies (e.g. Gerhardt, 2004) suggest that there is a distinct, quantifiable difference between the neurological development of a young person who experiences a nurturing, acceptance based relationship with their parent and/or primary caregiver, and one

who does not. Further, these differences are directly observable through neuro-imaging technology:

'There is no specific biological determinant more powerful than a relationship in the early years and...early life experiences determine the core neurobiology of a child's development'

(Cameron & Maginn, 2009, p. 16).

Not only is *overt* rejection implicated in the development of maladaptive behaviours, some studies (e.g. Rohner & Britner, 2002) suggest that even if C&YP *perceive* that they are rejected, this is also related to a number of difficulties in later life: perceived parental rejection in particular has been implicated in developmental trauma disorder (Van der Kolk & d'Andrea 2010) and in complex posttraumatic stress disorder (Courtois 2004). Emerging research (e.g. Sentse et al., 2010) has investigated whether acceptance from 'peer' groups can negate parental rejection, however further research is required to affirm this hypothesis with confidence.

These studies listed would seem to provide evidence which supports the overarching PART hypothesis: that parental rejection *leads to* the emergence of the difficulties listed.

However, to what extent is this defensible?

Causality: One of the most significant critiques of the PART is that of causality; is it possible to define a causal relationship between early rejection and later life difficulties? Might they have emerged regardless, and does early rejection explain fully the variance in later maladjustment?

This concern would appear to be of significant importance when considering the validity of the PART. Worryingly, however, it is not straightforward to identify studies within the PART research which consider the question of causality explicitly. Indeed, there was, from the research strategy outlined, *no* study which attempted to establish and evidence a causal link between early 'rejection' and later difficulties.

More plainly, it is a tacit feature of the research corpus that causality is implied, yet no papers commenting explicitly on this relationship are available; though proponents of the PART (e.g. Rohner, 2004) argue this causal link to be self-evident, no concrete evidence to support this assertion is present. While studies which offer correlation evidence (e.g. Rohner & Britner, 2002) are available, it would be naïve to argue that correlation is akin to causation.

To support this finding, a meta-analysis of all longitudinal research relating to PART, conducted by a prominent PART author, reached the same conclusion (Khaleque, 2012):

'[From the studies considered] it was not possible to make causal inference about relationships between parental warmth [and rejection] and psychological adjustment or personality dispositions'

(p. 304)

Pragmatically, there may be a number of reasons for this reluctance to tackle the causality question; firstly, while it might appear common-sense to suggest that early rejection has a negative impact on later development, given the fundamental complexity of human nature, providing evidence of direct causality is challenging; researchers are unlikely to be able to separate parental rejection as being the prime causal factor from other factors across the life course (e.g. variables from the individual, family, and social context).

Indeed, long-standing psychological concepts (e.g. Bronfenbrenner, 1979) would suggest that development is a complex relationship between many interconnected systems. While early life rejection might be an *element* of why later life difficulties emerge, it may well be a smaller facet of a much larger interplay between 'systems':

'Over the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving bio-psychological human organism and the persons, objects, and symbols in its immediate external environment.'

(Bronfenbrenner, 2005, p. 6)

Clearly, if a key feature of PART is that early rejection is responsible for many of the challenges that C&YP, particularly LAC, face throughout their development, there is a requirement to demonstrate this relationship; research is currently ongoing towards achieving this aim (Rohner, 2014), though a sceptic might suggest that evidencing causality may ultimately be fruitless due to the endemic complexity of life-course development.

However, with regards to the programme theory in question throughout this synthesis: if there are no studies which serve to address the question of causality, then how much confidence can be asserted that the underpinning theory for the POP is valid? Thankfully there remains some claim for validity if one were to consider evidence from closely related disciplines.

Although as mentioned earlier, while PART is offered as a distinct theory, the intrepid researcher might argue that it is related closely to 'attachment theory'.

From this 'attachment' theoretical lens, a young person who has developed a 'secure' attachment will perceive that, should they be faced with a frightening or threatening situation, returning to the proximity of an attachment figure (not necessarily maternal or paternal), will provide security, comfort and protection (Bowlby, 1988). The parent or care-giver, in this scenario, is responsive to the C&YPs needs, and provides them with warmth, affection, love, care comfort, support or nurturing (Sentse, 2010). Arguably this bears striking resemblance to the notion of 'acceptance' from the PART perspective.

Incidentally, within the domain of attachment research there are many studies which *do* attempt to highlight causality between *attachment difficulties* (or 'rejection') in infancy and later life problems (Fearon et al., 2010). There is a considerable body of research which attempts to evidence causality, for example, Grossmann, Grossmann, & Watters (2006) highlight many examples where the causal impact of early attachment is implicated strongly in later life development:

'Attachment variations [might be considered as] directly causing certain outcomes, [yet] while early attachment has no privileged causal status, it is nonetheless the case that nothing can be assessed in infancy that is more important'

(Sroufe, 2005, p. 365)

The evidence for later life difficulties as a result of poor early attachment is also longer-established and more empirically grounded (Wang, 2011). Indeed, the clinical application of viewing a young person's difficulties through the lens of attachment theory is gaining considerable support (e.g. Zeanah et al., 2013.). Research has also largely supported the causal relationship between behavioural, emotional and social difficulties and insecure attachments: Levy (2005) suggests that virtually all personality 'disorders' are characterised by persistent difficulties in interpersonal and attachment relationships initially developed during childhood.

Additionally, though it is more common within attachment research for studies to prioritise the parent-'child' bond and relationship in *early* development some (e.g. Lee & Agnew, 2003; Sentse et al., 2010) now suggest that this bond remains important throughout adolescence, too: parents being emotionally responsive, warm, but consistent in setting rules and limits has been reliably found to be valuable for various forms of *adolescent* developmental markers (Bronte-Tinkew et al., 2007; Steinberg 2001). Consequently, the parent-child relationship is posited to not only have an impact during the formative years, but also may be related to other difficulties throughout the life course.

Accordingly, while there is no evidence from the PART domain which evidences causality, arguably research from a very similar domain *does* have a more secure evidence base.

Nevertheless, it must again be emphasised that while PART might be related to attachment theory, it is presented as a distinct concept. What impact must this then have on the proposed programme theory?¹⁵

¹⁵ Programme Theory 1: C&YP need parental acceptance as opposed to 'rejection'. It is actually the early exposure to rejection (conceptualised as a trauma) which sets the precedent for future difficulties (Parental Acceptance – Rejection Theory)

To circumvent this emerging concern, many contemporary studies which attempt to define relationships between early life challenges and later difficulties do so by considering early adversity more generally (e.g. rejection, poor attachment, trauma) as a *risk factor* for later life difficulties rather than a *direct causal predictor* (e.g. McDermott & Barik, 2014).

More simply, as the evidence defining causality between early life experience and later difficulties is not secure, it is more valid to acknowledge the impact that this *might* have, while simultaneously emphasising that it is by no means a guarantee that C&YP will respond to early adversity in a negative way; the emergence of this gap in the research literature, as identified within this synthesis, will clearly mean that the originally proposed programme theory will need amending. However, before this is completed, a further consideration for PART is required.

Esoteric nature of 'Acceptance': An additional challenge found in PART research relates to determining whether early life rejection *actually* occurred, particularly as many of the measures used in seminal studies are self-report (e.g. 'Parental Acceptance-Rejection Questionnaire', Rohner, 2005) as demonstrated in Appendix 9.

Predictably, the inherent subjectivity of these data collection methods finds criticisms relating to methodological robustness:

'Another limitation [of PART] concerns general scepticism about the reliability of respondents' self-reports to subjective questionnaires'

(Khaleque 2012, p. 304)

Indeed criticisms about the tools being vulnerable to social desirability (Akse et al., 2004); how rejection, either actual or perceived is measured (Magaro & Weisz, 2006); and the threats of asking parents about *their own* parenting styles and the likelihood for positive bias (Hale et al., 2008) are present across the literature.

To expand this further, a more general critique is that many of the concepts embedded within research in this domain ('acceptance', 'rejection' and so on) are arguably socially constructed and culture specific. Simply, what might be seen as 'rejection' within one culture may not be applicable in another:

'Unfortunately for parents and carers, the PART literature does not offer specific advice for promoting parental acceptance behaviour and for avoiding overt, passive or unintentional parental rejection'

(Cameron & Maginn, 2009, p. 12)

The dominant reason for this is that it is unrealistic to derive a set of parenting concepts or behaviours which are consistent across cultures relating to parental acceptance and/or rejection.

Cameron & Maginn (2009) do offer some examples, however again these should also be viewed as culturally embedded as relating to the population in which their research was conducted.

Parental Acceptance Behaviour	Parental Rejection Behaviour
<ul style="list-style-type: none"> - Celebrating a child's achievements, - Showing affection, - Pointing up a child's progress and developmental milestones, - Spending special time with a child and, - Sharing a mutually enjoyable activity. 	<ul style="list-style-type: none"> - Ridiculing a child's achievements, - Showing dislike, - Comparing a child's progress unfavourably with a sibling or peer, - Too busy to spend time with a child, - Imposing an activity on the child.

Figure 25: Showing Examples of Parental Acceptance or Rejection Behaviour from Cameron & Maginn (2009)

(Cameron & Maginn, 2009, p. 12)

To counter these concerns, however, cross-cultural variations of the PARQ measure have been produced and consistency has been found (e.g. Chyung & Lee (2006) for Korean populations; Khan, Rohner & Khaleque, (2006) for Bangladeshi populations, etc.) leading some studies suggest this as evidence for universality of PART, simply, that while rejection (or acceptance) might be demonstrated in inconsistent ways, the impact might be universal.

Again this is an area currently being researched (Calafat et al., 2014).¹⁶

3.6.4 Summary: Refining Programme Theory 1

Two significant critiques of the PART have been provided in this section:

- Defining causality between early life rejection and later life difficulties has limited research evidence, and,
- 'Acceptance' or 'Rejection' are socially embedded, and behaviours which might demonstrate acceptance in some cultures may not be true elsewhere – it is therefore challenging to define and measure 'acceptance' or 'rejection'.

These critiques point to significant gaps in the research relating to PART, and potentially undermine the most important foundation of the POP programme: the hypothesis that early parental acceptance/rejection has a *causal* impact on future psychological and/or behavioural difficulties exhibited particularly by LAC. From a sceptical perspective, there is little empirical evidence to support this assertion.

Optimistically, as the synthesis identified, there may still be some validity in the underlying theory if one were to consider parental acceptance/rejection as a protective or risk factor: given the criticisms of the theoretical grounding of PART it would not be appropriate to suggest that parental acceptance or rejection is *causally* involved in later life difficulties, more so that it might be a *protective factor* (for acceptance) or a *risk factor* (for rejection).

The current synthesis has therefore refined programme theory 1 to reflect both the perspective of the POP authors, but also to be more in line with the available research. The **new, refined** hypothesis for the POP underlying theory 1 is:

Programme Theory (P1) refined through Realist synthesis
Parental acceptance is a protective factor and parental rejection is a risk factor for later life difficulties. Demonstrating acceptance or rejection is culturally embedded.

¹⁶ Some (e.g. Dekovic et al., 2003) suggest that whether the tool is valid or not has little consequence: if a young person perceives they have been rejected then it is irrelevant whether the measure captures this, however this does not circumvent the causality problem.

The next underlying programme theory covered in this synthesis builds upon this foundation: to support LAC in moving past their difficult early experiences (possibly rejection), corporate parents must respond appropriately to *presented* behaviours and understand the trauma that LAC may have experience.

3.6.4 Synthesis Part 2: Authentic Warmth Model

The synthesis, thus far, has considered the evidence for the PART underpinning for the POP model. Though some concerns are present relating to the posited causal relationship between early rejection and later life difficulties (and the variability of self-report measures when capturing these experiences), irrespective of these critiques the POP programme authors suggest that PART is a fundamental element of their approach; the early 'trauma' of rejection is suggested to have long term effects on LAC.

It follows, once care workers have developed an understanding of this early adversity and rejection, and are cognisant of the prolonged impact it might have, they have a role to negate these ongoing difficulties. Cameron & Maginn (2009), as a key part of their model, suggest that this is completed through staff adopting an 'Authentic Emotional Warmth' approach to their caring role. An overview of what this means, and then a synthesis of related evidence, is now provided.

3.6.5 Authentic Warmth: Overview

Cameron & Maginn, across all of their texts which relate to the POP programme, suggest that staff who work in residential care settings have difficult and demanding occupations, though there are many elements of the job which are 'professionally satisfying' (particularly when things are going well and the C&YP are 'progressing' (2009, p.66)).

However, given the fundamental nature of many LAC, often the path to progress does not run smoothly. Cameron & Maginn (2009) suggest that, particularly when

things are stressful, getting parenting decisions 'right' is a critical role for supporting LAC:

'Getting it right when dealing with unpleasant, frightening and stressful behaviour is the essence of the 'authentic warmth' approach'

(2009, p. 66)

How does one know if the parenting decision that has been made is 'correct'?

Broadly, POP supports residential care workers with this, by developing their knowledge of how to respond appropriately to the many complex difficulties often expressed by the C&YP in their care. The AEW approach consists of 2 practical elements: understanding 'trauma' of rejection and focusing upon LAC's 'signature strengths' – these 2 elements are accordingly conceptualised as *what a good parent would do*. This element of the model needs further deconstructing.

3.6.6 Programme Theory 2: Authentic Warmth Model: Good Parenting, Appropriate responses to Trauma and Signature Strengths.

3.6.7 Good Parenting:

'Traumatic stress has consequences which can lead to mental health problems.'

(Cairns, 2002, p. 99)

There is a contrast between being cared for (the carer providing the necessities of life: food, water, a place to sleep, etc.) and being cared *about* (*'a subtle form of parental involvement that includes available thoughtfulness, responsibility, guidance and emotional investment'* (p. 22)).

It is this fundamental miscalculation which has been responsible for the poor impact of previous care reforms, suggest the POP authors:

'Caring about' is a quality parenting process which is strangely absent from the ever-increasing dictates and advice issued by central and local government!'

(Cameron & Maginn, 2009, p. 22).

Broadly, Cameron & Maginn (2009) suggest that professional carers need to demonstrate to LAC that they *care* about them (p.11), and that this can go some way to providing a safe and stable environment for C&YP to begin to work through their trauma of rejection.

Part of this requires carers to demonstrate 'Good Parenting', conceptualised by the programme authors as a '*highly specialised knowledge of children's development*', in combination with '*effective therapeutic skills*' (Cameron & Maginn, 2009, p.1). These 'Good Parenting' attributes, the authors suggest, provide a strong foundation for professionals, acting in the capacity of a corporate parent, to deliver an authentic and effective parenting approach necessary to negate early rejection experiences (p.46).

However, the authors posit that caution should be observed with the assumption that parenting is an 'innate skill': parenting, when delivered by professionals, should be subject to the same robust, evidence based frameworks that other professions observe (p.21).

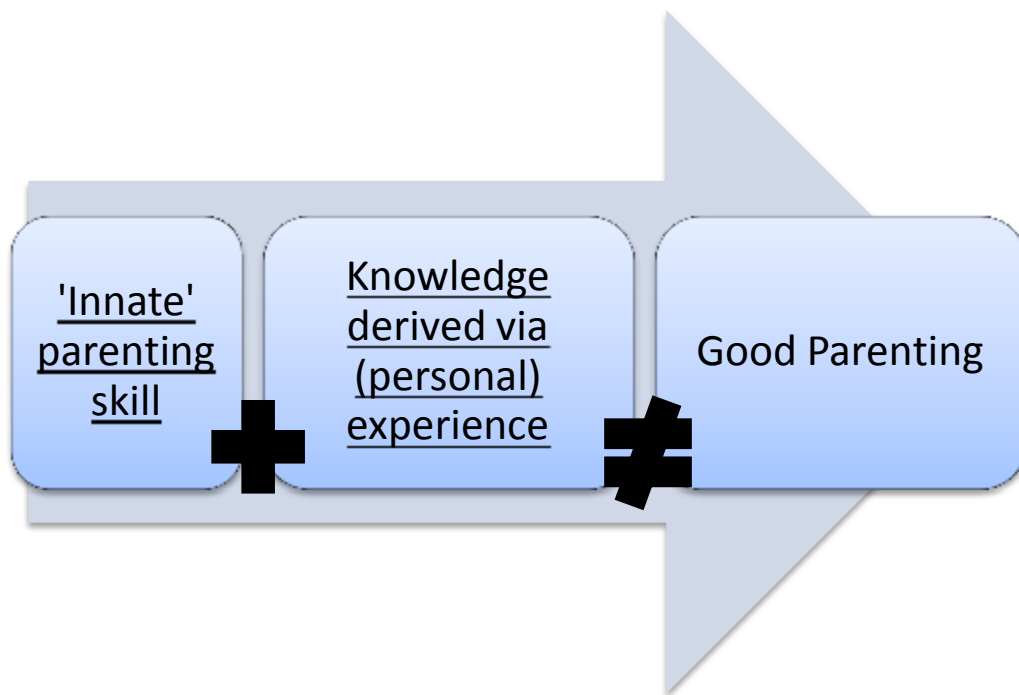


Figure 26: Showing Innate Parenting Skill + Knowledge Derived from Experience does NOT (necessarily) equal Good Parenting

More specifically, Cameron & Maginn suggest in their 2009 text (a position then developed more in their peer reviewed 2011 paper and 2013 journal contribution) that *'almost everyone believes that they are experts in childcare'* (p.1).

This, suggests the authors, is a noteworthy aspect of an adults' understanding and conceptualisation of parenting; simply, as *all* adults have experienced being 'brought up', we retain a *'detailed and intimate knowledge of our own childhood'* (p.1).

An adult's own personal experience, what they liked and disliked about how they were brought up, alongside what they felt 'worked' (or indeed did not work) for them, will impact significantly on the way these adults then perceive 'good parenting' to be.

Troublingly, there may be some gap between an individual's perception of what 'good parenting' is, and what robust and secure evidence suggests (e.g. Steinberg, 2001). Plainly, there may be an element of dissonance, and though adults may be delivering parenting in the way that feels instinctive or natural to them, this may not be in line with what evidence would recommend:

'As if universal 'expertosis' was not a big enough obstacle to a professional approach to childcare, few other professions have to surmount the claim that the skills which underpin it are 'instinctive'.

(p.1)

As such, if professional carers are equipped with knowledge of *how* to 'parent' LAC effectively, in combination with developing the requisite skills, they will then be able to provide an authentic parenting experience for C&YP within their care:

'While this may go 'against' the perception that an individual may have about 'good parenting', this innate and instinctive position may not be best practice in delivering an evidence based service'

(p.2)

One of the key elements of 'knowing' how to respond to LAC's needs, as a 'good parent' would, is to attempt to understand the root and history of their circumstances and emergent behaviour: this, programme theory 1 for POP would attest, is hypothesised to be linked to the trauma of rejection.

Necessarily, as part of the POP programme, guidance is provided for professional carers in how to understand, recognise and support LAC through any traumatic earlier experiences.

3.6.8 The Cairns (2002) approach to Trauma

The method provided to achieve one part of 'good parenting' is adapted from the work of Cairns (2002) and her conceptualisation of a young person's 'journey' through traumatic stress.

Cameron & Maginn (2009), as programme theory 1 identifies, suggest that many LAC are experiencing difficulties that are related to early trauma. This, they assert, is analogous to post-traumatic stress disorder (PTSD) in its presentation. Accordingly, if the C&YP's difficulties are approached via this lens it may highlight explanations as to why they behave as they do:

'PTSD occurs following exposure to a traumatic event and is defined by distinct symptom clusters of re-experiencing, avoidance and numbing, and arousal persisting for more than 1 month after trauma'

(APA, 2009)

In the Cairns (2002) text, many examples are provided of behaviours, exhibited by LAC, which may be interpreted via the PTSD lens (e.g. the following scenario of a C&YP 'avoiding', p. 22):

'Come and play in the garden, Tina.'

'No, don't want to'

'Then come and play cards?'

'No, don't want to!'

Then how about just watching telly?

'No, don't want to, all right!'

To support with moving on from formative trauma (and thus reducing the 'negative' persisting behaviours), the POP model adopts Cairns' (2002) underlying conceptualisation:

'Children who have defied and survived severely injured childhoods tenaciously hold on to the behaviours and attitudes that served them well in a former time, even when they are counterproductive in their current situation'

(Cairns, 2002)

She posits, however, that individuals can adapt to, and understand their trauma by 'processing' the difficulties with a trusted person (p. 45). She proposes three main stages to the process: stabilization, integration and adaptation (2002):

Stabilisation	Integration	Adaptation
Residential care setting providing a 'safe', reliable and predictable physical and psychological environment.	Aiding, through a secure relationship, and via discussion, C&YP in the 'processing' of their trauma.	Facilitating, once trauma is processed, the re-establishment of social engagement, personal worth and supporting the rediscovery of the enjoyment of learning.

Figure 27: Showing The Cairns (2002) Model of Trauma

What is the evidence for this conceptualisation, and is it valid?

3.6.9 Appraisal of the Cairns' (2002) model

Central to this model is carers recognising that C&YP are unique and that their response to the trauma that they have experienced is also individual: carers that approach C&YP's trauma from this lens do not attempt to ignore or 'brush over' these early difficulties, but attempt to support the C&YP in *processing* these experiences.

It is the role of professional carers to provide support for LAC in '*working through*' (p. 122) the phases of their PTSD-like trauma. There are some potential concerns, however, with viewing LAC's difficulties in this manner.

Much research related to trauma found through the RS might support the Cairns' model: it is largely agreed that individuals who have experienced a trauma are more likely to process it, and move forward from its persisting impact, once they are in a safe environment with trusted individuals (Lieberman, et al., 2011).

Further, positive reciprocal relationships are strongly considered (Scott, 2014) as playing a pivotal role in the 'recovery' from trauma, underscoring the value of professional carers building stable interpersonal relationships with the C&YP; indeed the 'gold standard' psychological approach (NICE guidelines, 2011) to supporting trauma (Cognitive Behavioural Therapy – CBT) emphasises the importance of relationships, and a supportive network:

'Families and carers have a central role in supporting people with PTSD.'

(NICE, 2011, p. 11)

However, there are inherent challenges with identifying all trauma as leading to PTSD, the conceptualisation of PTSD itself and also labelling LAC, with clearly heterogeneous backgrounds and circumstances, under the same 'diagnosis'. Each critique is now considered.

Attempts to identify a causal link between early-life trauma and later PTSD (e.g. Van der Kolk, 2010; Wilson et al., 2012), are long-standing and prevalent. Nevertheless, some authors, for example, suggest that the link between such events is not overwhelmingly strong (Copeland, et al., 2007) because 'trauma' is a broad term encompassing a number of events.

In addition to this, not *all* individuals who have experienced trauma will develop difficulties following the event (Burstow, 2005), and the individual response to any event will logically dictate how it is interpreted (Scott, 2014). Simply, there is no guarantee that LAC will have viewed their difficult circumstances as 'traumatic', and thus arguing that their emergent behaviours are indicative of PTSD may be invalid. Further, some critics (McHugh & Treisman, 2007; Summerfield 2001) suggest that utilising a label such as PTSD creates a 'medical' category out of distress or response to stressors; pathologising 'normal' behaviour. Clearly there are other critics which refute this view (e.g. Brewin, 2005), but it is worthy of consideration that LAC, who have already experienced significant difficulties in their life, may not find value in conceptualising their difficulties as a further 'disorder'.

These criticisms may undermine the approach adopted by the POP model which clearly suggests that the maladaptive behaviours exhibited by LAC are *due to* trauma and thus PTSD.

In addition to the concerns thus listed, there are a number of further considerations relating to the construct validity of PTSD in general, due particularly to a number of PTSD's clinical features displaying similarity with mood and anxiety disorders (Frueh et al., 2010, McHugh & Treisman, 2007, Rosen & Lilienfield, 2008 & Spitzer et al.,

2007) and the broad range of 'symptoms' which can be interpreted as indicative of 'PTSD':

"There are 175 combinations of symptoms by which PTSD can be diagnosed and it is possible for two people who have no symptoms in common to receive a diagnosis of PTSD"

(Burstow, 2005, p. 438)

Consequently, some consideration must be given to whether construing LAC's early trauma as being PTSD in nature is valid; if there is such a broad range of 'symptoms' which can be interpreted as PTSD (Burstow, 2005), and the link between PTSD developing as a response to childhood trauma is not categorical (Scott, 2014), how valid is the Cairns' model at interpreting the difficulties presented by LAC?

As a final critique, there is one significant feature that should be considered: while the PTSD model is used for explaining many of the difficulties LAC face, the Cairns (2002) text does not acknowledge significant criticisms of PTSD 'models' more generally (e.g. the poor efficacy of models explaining *some* traumatic events, e.g. sexual abuse: Finkelhor & Browne, 1985). That is, there is no fundamentally agreed conceptualisation which explains the variance of PTSD 'symptomatology' (Wang et al., 2011). As evidence presented earlier in this document attests, LAC are not a homogenous population and thus suggesting that all their circumstances can be covered by the label of PTSD arguably misses the nuance of the population: LAC have fundamentally different backgrounds which may not be reducible to a label (Brewin, 2005; Golding, 2008), despite how broad that label may be.

Given these criticisms, how does this impact the programme theory at the core of this synthesis?

Optimistically, there may – again – be some mitigating factors which might support the Cairns' conceptualisation as being valuable to the POP framework. The Cairns perspective can provide a lens for carers in understanding the difficulties faced by LAC and contestably, this is inherently valuable in itself. While the model may have critiques from a clinical or research setting, the minutiae of model efficacy is perhaps

less of a priority in residential care settings: simply, although the framework is not perfect, it does provide a structure to residential carer activity.

Fundamentally, the *underpinning* theory (the importance of relationships, the requirement for a safe, secure base, LAC being able to 'trust' their carers) *is* empirically grounded and thus valuable, however:

'As [Cairns] says [the 2002 text] it is not a manual, rather it uses storytelling to illuminate and share experiences and to theorize'¹⁷

(Fairtlough, 2003, p. 82)

Nevertheless, the Cairn's (2002) approach is not a guidebook to dealing with the complex problems for LAC – and it is not designed as such. While there are clearly some theoretical concerns which have been addressed within this section, the model does provide a concise, straightforward framework to work within; one which is easily accessible to residential care staff for interpreting the difficulties of the C&YP with whom they work.

However, with these concerns and strengths acknowledged, it is clear that the programme theory will require editing. Before this occurs, it is important to consider the second (less prominent) element of the 'Authentic Emotional Warmth' approach: shifting key-workers perceptions to be more *strengths* focussed, based on assumptions from Positive Psychology. A brief overview and critique of this is now provided.

3.6.10 Trauma and Positive Psychology

'People want more than just to correct their weaknesses. They want lives imbued with meaning, and not just to fidget until they die'

(Seligman, 2002, p.xi)

¹⁷ It is also worth noting that some recommendations provided by Cairns (2002) for LAC to 'process' their difficulties are without empirical foundation for their efficacy – e.g. 'SHEN' therapy which proposes an "emotional energy field" (also called the 'chi field' and the 'biofield') permeates and surrounds the "physical body." SHEN's purported design is to unblock clients' "energy."

The Authentic Emotional Warmth model is further underpinned by a recent movement in psychological research: *'positive psychology'* (e.g. Seligman, 2002; Csikszentmihalyi 1996).

The *modus operandi* for this perspective is that while psychology may have a lot to offer to many domains of practice, it has been the default position for psychology historically that more attention is given to the negative representation of people's difficulties, or, more simply, focussing on their weaknesses. The positive psychology movement suggests that this might be detrimental to understanding people's difficulties fully (Seligman, 2002): *'authentic happiness comes from identifying and cultivating your most fundamental strengths and using them every day in work, love play and parenting.'* (P. xiii).

As such, practitioners adopting a 'positive' psychology position are encouraged to focus on a person's signature *strengths* as opposed to their difficulties.

Simply, this hypothesis suggests for the POP model that if staff retain an awareness of trauma but attempt to facilitate 'moving on' through adopting positive principles, this will be successful (Cameron & Maginn, 2013).

This is a contentious point which has limitations in research: from those suggesting that positivity is not a measurable entity and thus empirically indefensible (Waite, 2007); that it is underpinned by pseudo-scientific assumptions (Miller, 2008) and that it based on circular reasoning and tautologous assertions (Gable & Haidt, 2005).

Indeed, Miller (2008) asserts:

'The model of mental health depicted by positive psychology turns out to be little more than a caricature of an extravert—a bland, shallow, goal-driven careerist whose positive attitudes, certainties and 'high self-esteem' mask the fact that he lacks the very qualities that would enable him to attain a degree of true self-knowledge or wisdom, and to really grow as a human being.'

(p.606)

It is not within the scope of this review to outline the nuances of the positive psychology movement; this overview serves to highlight the main criticisms. Fundamentally, for the POP model, the positive psychology perspective is utilised to encourage residential carers to be focused more upon the positive attributes and features of the C&YP, and allow these strengths to permeate throughout all work with them. As 'positive psychology' is a relatively new movement, with theoretical concerns (as noted) still to be addressed fully in the literature (Seligman, 2002), it is difficult to critique this element of the AEW approach.

Nevertheless, it would seem to be a reasonable assertion that care staff adopting a *strengths based* approach to their role might have a practicable effect, though further evidence to support this premise is required.

With both strands of the AEW approach covered, it is important that the original underlying programme theory is refined following the review of the literature in this synthesis.

Consequently, the preceding literature suggests that while the Cairns (2002) model of trauma may have limitations, it *does* provide a framework for understanding the complexities of the emotional, behavioural and social difficulties of LAC.

Furthermore, offering a lens to support these difficulties through care staff being aware of the inherent problems in assuming parenting is an innate skill, and then making a conscious choice to respond *positively* to difficulties faced, may facilitate an improved in-care experience for the C&YP.

Accordingly, the original programme theory refined suggests:

Programme Theory (P2) refined through Realist synthesis
A professional <u>ethos</u> which is underpinned by sensitive interpersonal interactions (response to trauma) , good parenting and foundations of positive psychology supports affirmative long-term development and C&YP 'moving on' from their trauma.

3.6.11 Authentic Warmth Model: Psychological Consultation and Staff Empowerment

Finally, once carers are aware of the implications of the parental rejection likely faced by LAC, have a framework to understand the difficulties, and are cognisant of an evidenced based 'approach' to supporting the C&YP, how then do they become empowered to derive practical strategies to accomplish this?

The POP model proposes that psychological consultation alongside 8, evidence based 'pillars' will support this endeavour. As before, these constructs are deconstructed and critiqued.

3.6.12 Consultation, the Pillars and Staff Empowerment

'The purpose of psychology is to give us a completely different idea of the things we know best'

(Paul Valery (poet), in Cameron & Maginn, 2009 p. 91)

As outlined, the challenges faced by C&YP that have experienced rejection, abuse and neglect in their formative years are likely to be complex and multi-faceted: they are *'difficult to unpick and unlikely to have simple solutions'* (Cameron & Maginn, 2009, p. 91).

The programme authors suggest that a strength of the POP model is the use of psychological consultation to support in the delivery of professional care services:

'[via consultation, professional carers can] cut through some of the complexity [of LAC's problems] and produce an action plan which builds on the existing skills of carers, leans heavily on psychology as a knowledge base, is supported by the expertise of a chartered psychologist and is tailored to identify and build on the child's strengths'

(p.91)

Compellingly, it has been often argued (e.g. Wagner, 2000; Knotek et al., 2003; Rosenfield, 2013) that consultation is a tool which demonstrates considerable utility

in empowering and supporting professionals with practices that are outside their typical sphere of professional practice:

'Consultation is a voluntary, nonsupervisory relationship between professionals from differing fields established to aid one in his or her professional functioning'

(Conoly & Conoly, 1982, p.1 in Rosenfield, 2013, p.11).

Often considered an 'indirect' helping approach (that is the consultant does not work directly with the person at the focus of the consultation, but instead works vicariously through the consultees), some critics argue that delivering psychology via a consultative model of service is efficacious in both enhancing services to clients but also to increase consultees' capacity to deal with similar situations in the future (e.g. Gutkin & Reynolds, 2009).

However, *'the process of consultation is little explored in literature, particularly in the United Kingdom (UK)'* (Nolan and Moreland, 2014, p. 63). What implication does this have for POP?

While psychological consultation is considered a fundamental element of service delivery across many psychological services within the UK (Booker, 2005; Leadbetter, 2000; 2006) and has been emphasised as a positive example of psychological practice within reviews of services (e.g. DfEE, 2000), much research that is available, some argue, finds difficulty in conceptualising what is meant by 'consultation':

'Research into consultative practices is very sparse both in terms of evidence of outcomes but also in terms of illuminative studies that could further understanding of how consultation is structured and managed.'

(Leadbetter, 2004, p. 134)

Consequently, before considering the concept of consultation more fully, it is required that a 'working definition' is provided.

For the purpose of this section of the synthesis, consultation is viewed as: an active information exchange between the consultant and one-or-more consultees to

address particular concerns presented by a client whom is the focus of the consultation (Sheridan et al., 1996).

3.6.13 POP Consultation

The preceding conceptualisation correlates with that provided by the programme authors for the POP model: the consultation process, it is argued, supports the *professional practice* of those involved in corporate parenting, as a result of the consultative dialogue, by building on the client's personal knowledge of the problem.

This detailed knowledge is then combined with the consultant's understanding of 'psychological theory' which facilitates a joint problem-solving process: *'[solutions develop] from a marriage between the intimate knowledge [retained by] the consultees and the psychological knowledge and professional artistry of the consultant'*

(Cameron & Maginn, 2009, p. 93)

However, while this theoretically appears to be a plausible process, the research base which underpins psychological consultation as an *empowering* process is scant and as with any evaluation of a 'process', it is difficult to determine efficacy: *'the present state of scientific research in [consultation] may be best characterised as promising, emerging and developing'* (Erchul & Sheridan, 2014, p. 7).

The model proposed within Cameron & Maginn (2009) is in line with the 'process consultation' framework (Schein, 1990) where the focus is to *'help consultees to develop independence in problem solving'* (Nolan & Moreland, 2014, p. 64):

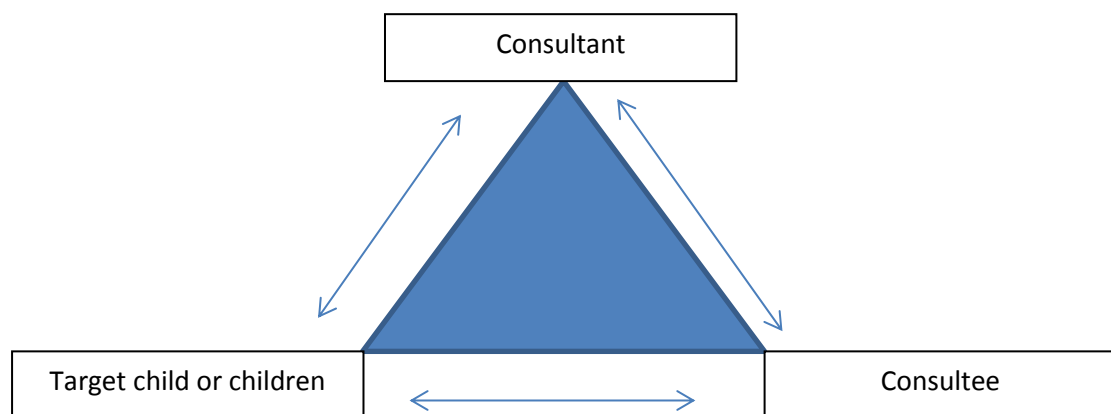


Figure 28: Showing The Consultation Triangle (Nolan and Moreland, 2014)

There is reasonable evidence to suggest, once all parties are in agreement in the procedure and understand the consultation process, that it can facilitate positive outcomes.

Indeed, in the domain of education this ranges from supporting student achievement (Theodore et al., 2009); managing disruptive behaviour in autism (Denton et al., 2003); teacher behaviour (Noell et al., 2005) and parent-teacher relationships (Sheridan et al., 2006). Further, in health care there is positive evidence which suggests consultation being efficacious at empowering professions (e.g. nurses in Learning Disability teams, Whitton et al., 2013) and in supporting service delivery in community settings (Dougherty, 2009).

There is less evidence for consultation supporting practice for child and adolescent care services. Tindeman et al (2011), in a Swedish sample, outlined an intervention relating to improving foster C&YP's school achievements, in which consultation was considered a minor, yet positive, feature, and there is evidence of consultation being provided by social workers for foster carers (Symke et al., 2010).

There was *no* direct evidence to support the efficacy of psychological consultation in residential care settings, found through the research strategy outlined.

However, if evidence from other domains is valid, a strong argument could be presented for the value of psychological consultation *in general* – the fact of there being no specific research relating to LAC or residential care settings may not be a significant critique.

3.6.14 Limitations of Consultation

Embedded within the term 'consultation' are some tacit assumptions which the facilitating psychologist must be aware.

One significant feature of the consultation model is the practitioner psychologist being positioned as the 'expert'; the professional who holds the knowledge which can then be imparted (parallel to the medical model).

There is a concern that this framework reinforces outdated methods of delivering psychological services: historically the EP might have operated within an individual-focussed model, using a 'deficit model' to assess C&YP (Farrell, 2010, p.586).

There has been a general departure from this model of service delivery, though some researchers perceive that as long as practitioner psychologists are viewed as the professionals holding the knowledge, there remains a tacit 'expert model' perspective. (Wagner, 2000).

When the current programme is considered, it appears evident that the practitioner psychologist who facilitates the POP session should be viewed as a source of knowledge, but *not* the 'expert': any strategies are likely to be more effective if they are specific to, and emerge organically from, the setting in which they are embedded (Cameron & Maginn, 2009; 2011)

The external psychologist does not hold this detailed knowledge of the setting, and thus any advice provided needs to be interpreted by the consultees: simply, are the strategies elicited from the POP session pragmatic, and can they be successfully embedded within the setting? This is a key consideration for the consultation model (Cameron & Maginn, 2009, p. 94), though as noted there is little evidence of how consultation might work in residential care settings and thus it is challenging to affirm whether this underlying theory of the POP model is theoretically valid.

Nevertheless, to ensure that there is some objectivity in the consultation process, the 8 pillars (Appendix 10) provide further guidance for the care workers. These 'Pillars' permeate throughout, and are a key discussion point within, the POP consultation.

3.6.15 The 8 Pillars

The 8 pillars offer practical advice to staff on how to support the C&YP in their care. Through the consultation process, it is defined by the consultation group *which* pillar the problem presented at that session is related to and therefore which evidence based strategies may be valid in supporting the C&YP.

It is not within the scope of this review to outline the associated evidence for each pillar, though through this process it has become clear that while the pillars offer theoretical guidance, it is the role of the consultant and consultees to then adapt the strategies to the setting; simply, while the consultation group may determine that the problem that was the focus of the consultation was 'in line' with 'Pillar 5 (resilience)' the strategies which then emerge need to be embedded within the host setting - this further supports the value of the psychologist (who has the knowledge of the theory) and the consultation group (who have the knowledge of the setting and the C&YP) to 'co-construct' strategies which are appropriate to the presented need.

Largely, the 8 pillars provide a 'starting point' for the consultation sessions, but it is the strength of the strategies which develop organically from the consultation group which are likely to demonstrate more efficacy – consequently, it is difficult to appraise the evidence available for the 'pillars' suggested by the model.

The evidence presented in this current part of the synthesis, it appears, supports the hypothesis that psychological consultation can be valuable in developing and reinforcing effective service delivery and that the pillars, due to their strong evidence base, can assist in this endeavour, though they are largely valuable as a 'starting point'.

Contrastingly, throughout this part of the synthesis, it has become clear that while there is a framework provided for the consultation psychologist, evidence would suggest that the success of the process relies strongly on the expertise of the consultant, the willingness of the consultees to engage in the process, and all involved developing an understanding of what the process is *for* and what the desired outcomes are:

'Although it is seemingly simple and straightforward at one level, effective consultation can also be seen as a subtle and delicate undertaking, steering a course between thoughts and feelings, the professional and the personal.'

(Miller, 2003, p. 86)

As such, while the original programme theory devised from the Cameron & Maginn (2009) text highlighted the value of consultation, a more appropriate underpinning theory is more subtle and nuanced:

Programme Theory (P3) refined through Realist synthesis
Psychological consultation and the Pillars are important to <u>empower staff</u> in their daily interactions with C&YP in their care. They <u>provide confidence</u> that staff are doing 'the right thing'. However, the success of this is reliant on the skill of the facilitator, the willingness of care staff to 'buy in' and a holistic awareness of the 'role' of consultation.

3.7 'Synthesise' the Findings: Refining The Theories.

The synthesis presented here, while broad, has attempted to answer three prominent research questions, with the overarching aim being to refine or refute the proposed 'programme theories' inherent within the POP model.

The research included within this synthesis has gone some way in providing confidence that the *initial* underlying programme theories are, predominantly, empirically well-established and theoretically grounded, though, as is the process of

Realistic Evaluation, some adaptations have been required to ensure that the programme theories taken forward are more reflective of the wider research.

As such, now that the *original* programme theories have been refined through the RS, the reader can be confident that the ensuing study which aimed to 'test' further these hypotheses / programme theories 'on the ground' is theoretically sound and methodologically robust.

As is the procedure with RE, now that the proposed theories have been refined, it is important to create the Context, Mechanism and Outcome table to highlight potential CMO configurations based on the research evidence. These proposed CMO configurations are then further tested by research completed in a real-life setting.

The proposed CMO configurations are as follows:

Programme Theory (1) Derived From Literature	Context	Mechanism	Outcome
<p>Parental acceptance is a protective factor and Parental rejection is a risk factor for later life difficulties.</p>	<ul style="list-style-type: none"> - A residential care setting aware of the potential underlying trauma of C&YPs behaviour. - A setting where formative rejection is acknowledged, and the long-term impact it might have is recognised. - Managers are supportive of staff endeavours to build emotionally warm relationships to negate this rejection - The value of authentic relationships is recognised so to provide a secure base for C&YP. 	<ul style="list-style-type: none"> - Staff are able to exhibit 'Authentic Warmth'. - Staff are able to build a nurturing relationship with the C&YP. - Staff are acutely aware of the emotional needs of a young person and respond accordingly. - Staff are able to maintain an unconditional positive regard towards residents - Staff feel comfortable in demonstrating authentic emotions. 	<ul style="list-style-type: none"> - Children feel accepted and cared for. - Early life rejection is negated - Children are able to experience appropriate relationships and may use these as a framework for other relationships. - Children feel 'safe' and cared for authentically.

Programme Theory (2) Derived From Literature	Context	Mechanism	Outcome
<p>A professional ethos which is underpinned by sensitive interpersonal interactions (response to trauma), good parenting and foundations of positive psychology supports affirmative long-term development.</p>	<ul style="list-style-type: none"> - The setting adopts the position of positivity when approaching the difficulties that residents face. - The setting appreciates and values the 'change' in perspective from challenges to a more positive conceptualisation - Signature strengths are supported, and the context facilitates a young person displaying them - A supportive network of staff and peers allows a young person to feel confident at displaying their attributes - Staff use the Cairn's (2002) to view, understand and support trauma. - Staff are able to demonstrate 'good parenting' skills and acknowledge the potential dissonance between their perception and the research evidence. 	<ul style="list-style-type: none"> - Staff focus on the positives of a young person rather than the challenges. - Staff are response to behavioural, emotional or social difficulties and view these through the lens of 'trauma'. - Staff are supported in their endeavours to demonstrate good parenting, and thus are able to exhibit it. - Staff use the Cairns (2002) framework to understand the behaviours of C&YP. - Staff are able to develop a safe base from which to support C&YP – in line with the Cairns conceptualisation of trauma. 	<ul style="list-style-type: none"> - All interactions are underpinned by positivity and a focus on strengths rather than challenges. - C&YP's difficulties are conceptualised as a response to trauma rather than 'being' naughty / defiant. - Staff actively mitigate against this trauma by 'working through' the difficulties with C&YP. - C&YP begin to 'move past' their trauma and their world-view and behaviour changes accordingly.

Programme Theory (3) Derived From Literature	Context	Mechanism	Outcome
<p>Psychological consultation is important to <u>empower staff in their daily interactions</u> with C&YP in their care. It <u>provides confidence</u> that staff are doing 'the right thing'. However, the success of this is reliant on the skill of the facilitator, the willingness of care staff to 'buy in' and a holistic awareness of the 'role' of consultation.</p>	<ul style="list-style-type: none"> - Staff in the setting value the advice and support from the consultant. - Consultant is 'embedded' and aware of the contextual features of the setting. - Setting is receptive to advice provided by external consultant. - Setting utilises the 'co-construction' of strategies rather than the donation from consultant. - Staff are supported to develop their own skills and attributes. - Parenting is considered an improvable skill, and the context supports development through positive feedback and reflection. - Staff are eager to understand child development more fully and feel able to 'challenge' the consultant. 	<ul style="list-style-type: none"> - Staff utilise strategies developed through consultation in supporting residents. - The underpinning psychological research base is utilised in the development of strategies. - Staff are able to embed psychologically sound and robust strategies into their day-to-day practice. 	<ul style="list-style-type: none"> - Supportive strategies are evidence based and context-specific. - Practice is underpinned by robust, evidence based practice.

Transparency in Constructing CMO Configurations

One of the most significant features of realist enquiry, which separates it from other approaches (considered earlier in the thesis) is its distinctive view as to how interventions (social programmes, initiatives...) promote 'change'; *'it is only by understanding and probing its apparatus of change that one can evaluate a programme'* (Pawson & Tilley, 2004, p. 3).

From this perspective, interventions do not operate in isolation; they are both embedded in (and thus constrained or enabled by) the 'real life' context within which they are delivered, but also the theoretical research from which the programme, and its underpinning postulates, emerged.

More plainly, *'programmes are theories incarnate'* (Pawson and Tilley, 2004, p. 3). This suggests broadly that the 'success' of any intervention is contingent upon the validity and robustness of its underlying conjectures as to why it *ought* to work, *alongside* contextual features of the host setting.

This is an important consideration: while many interventions are developed with good intentions, and are often delivered with considerable fidelity to the model, if the underlying hypotheses as to why the programme *should* work are not sound, then despite all best efforts the eventual success of a programme may be limited (Pawson, 2013, p. X).

Understandably, given the complexity of programmes developed to operate within complicated circumstances (e.g. social programmes), it is not always a straightforward process to 'surface' the underlying theories inherent within a programme of why it is hypothesised to 'work'. Indeed, prominent researchers in the field of 'Realistic Evaluation' (e.g. Pawson, 2013) suggest that determining, or 'eliciting', the underlying theories relating to a programme (both obvious and implicit), is one of the more challenging aspects of realist enquiry.

Certainly from the literature review completed as part of this current thesis, it was a common trend that many reports (and historic University theses) detailing research from a realist perspective struggled with the process of 'transforming' the elicited

programme theories from research into the hypothesised Context, Mechanisms and Outcome (CMO) charts, e.g.:

'I looked for further guidance and noted that, when discussing the complexity of realistic theories Pawson (2003) urges the researcher to focus on what he or she considers vital to the effectiveness of the project. I realised that by following such advice, I would be relying on my own judgement so I took care to ensure that there were good reasons underpinning the selection of Mechanisms, Contexts and Outcomes'

(Thistleton, 2008, p.63)

Unfortunately, given the lack of research constraints present currently for Realistic Evaluation, there is no clear guidance of *how* to transform programme theories into CMO tables: the process relies strongly on researcher interpretation and subjective understanding. However, this is not to say that there are not steps which can be completed to ensure that these threats to validity are minimised.

For the current thesis, guidance from Pawson (2013), the most recent text within the emerging field of Realistic Evaluation, was used to structure the CMO construction process. Three steps were taken in order to promote methodological robustness for the process, but also transparency for the reader:

- Ensure that surfaced programme theories are *embedded within* and *elicited from* key texts from the programme authors *and* the wider research corpus (i.e. that any programme theory/CMO proposed reflects a synthesis of research, rather than an individual source);
- CMO factors emerge organically (i.e. are not 'forced') and are clearly linked to, and 'map' directly onto, the research which underpins them, and;
- Once CMO tables are produced, the researcher must retain an understanding that any CMO configurations are inherently variable (and possibly subject to change or refining in light of new evidence). However, if transparency is provided insofar as outlining *where* the programme theories emerged from,

the process of constructing the CMO table is replicable – this further promotes sound scientific principles and provides, for the reader, clarity as to how each CMO was derived.

As such, the following CMO tables highlight both the potential CMO configurations *and* the research evidence which attests to their validity.

Programme Theory (1) Derived From Literature	Context	Mechanism ¹⁸	Outcome
<p>Parental acceptance is a protective factor and Parental rejection is a risk factor for later life difficulties. (As derived and refined from realist synthesis and key texts from programme developers/designers – e.g. Cameron and Maginn, 2009)</p>	<ul style="list-style-type: none"> - A residential care setting aware of the potential underlying trauma of C&YPs behaviour. (Cairns, 2002; Cameron and Maginn, 2009) - A setting where formative rejection is acknowledged, and the long-term impact it might have is recognised (Rohner, 2004; Rohner et al., 2005; Khaleque & Rohner, 2012). - Managers are supportive of staff endeavours to build emotionally warm relationships to negate this rejection (Cameron & Maginn, 2013, p. 172) - The value of authentic relationships is recognised so to provide a secure base for C&YP (Cairns, 2002, p. 45) 	<ul style="list-style-type: none"> - Staff are able to exhibit 'Authentic Warmth'. - Staff are able to build a nurturing relationship with the C&YP. - Staff are acutely aware of the emotional needs of a young person and respond accordingly. - Staff are able to maintain an unconditional positive regard towards residents - Staff feel comfortable in demonstrating authentic emotions. 	<ul style="list-style-type: none"> - Children feel accepted and cared for. - Early life rejection is negated - Children are able to experience appropriate relationships and may use these as a framework for other relationships. - Children feel 'safe' and cared for authentically. <p>(These desired outcomes are provided clearly within key texts from programme authors: e.g. Cameron and Maginn, 2013, p. 169)</p>

¹⁸ Each mechanism listed here is derived primarily from the key programme texts *but* they are necessarily reflective of the wider research evidence also. For example, Cameron and Maginn (2009) stress that residential care staff building a 'nurturing relationship' with C&YP within the setting is important (p. 12) but this is not considered an essential element of the programme. However, it is my view that this *is* a vital mechanism for why the programme *ought* to work, as stressed by research wider considered in the synthesis (e.g. Cairns, 2002). So, while Cameron and Maginn highlight this as being 'important', it was from the findings of the realist synthesis conducted (which considered wider evidence), that provides confidence that these mechanisms are valid.

Programme Theory (2) Derived From Literature	Context	Mechanism	Outcome
<p>A professional <u>ethos</u> which is underpinned by sensitive interpersonal interactions (response to trauma), good parenting and foundations of positive psychology supports affirmative long-term development (As derived and refined from realist synthesis and key texts from programme developers/designers – e.g. Cameron and Maginn, 2009).</p>	<ul style="list-style-type: none"> - The setting adopts the position of positivity when approaching the difficulties that residents face. (Cameron & Maginn, 2009; 2011; 2013) - The setting appreciates and values the 'change' in perspective from challenges to a more positive conceptualisation (Seligman, 2002; Csikszentmihalyi 1996) - Signature strengths are supported, and the context facilitates a young person displaying them (Seligman, 2002; Csikszentmihalyi 1996) - A supportive network of staff and peers allows a young person to feel confident at displaying their attributes (Seligman, 2002; Csikszentmihalyi 1996) - Staff use the Cairn's (2002) to view, understand and support trauma (Cairns, 2002; Brewin, 2005). - Staff are able to demonstrate 'good parenting' skills and acknowledge the potential dissonance between their perception and the research 	<ul style="list-style-type: none"> - Staff focus on the positives of a young person rather than the challenges (Derived from realist synthesis relating to 'Positive Psychology' e.g. Seligman, 2002) - Staff are response to behavioural, emotional or social difficulties and view these through the lens of 'trauma'. (Derived from realist synthesis relating to Trauma – e.g. Cairns, 2002) - Staff are supported in their endeavours to demonstrate good parenting, and thus are able to exhibit it. (Derived from texts from programme authors, and wider research relating to the success / failure of historic initiatives e.g. Munro, 2011) - Staff use the Cairns (2002) framework to understand the behaviours of C&YP (Derived from realist synthesis relating to staff empowerment and the value of supportive frameworks for practice, e.g. Ayre & Preston-Shoot, 2010) 	<ul style="list-style-type: none"> - All interactions are underpinned by positivity and a focus on strengths rather than challenges. - C&YP's difficulties are conceptualised as a response to trauma rather than 'being' naughty / defiant. - Staff actively mitigate against this trauma by 'working through' the difficulties with C&YP. - C&YP begin to 'move past' their trauma and their world-view and behaviour changes accordingly. <p>(These desired outcomes are provided clearly within key texts from programme authors: e.g. Cameron and Maginn, 2009, p. 21 and chapter on 'good parenting')</p>

	evidence. (Cameron & Maginn, 2009, p. 21; Maccoby, 1999)	<ul style="list-style-type: none"> - Staff are able to develop a safe base from which to support C&YP – in line with the Cairns conceptualisation of trauma. (Cairns, 2002) 	
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Programme Theory (3) Derived From Literature	Context	Mechanism	Outcome
<p>Psychological consultation is important to <u>empower staff in their daily interactions</u> with C&YP in their care. It <u>provides confidence</u> that staff are doing 'the right thing'. However, the success of this is reliant on the skill of the facilitator, the willingness of care staff to 'buy in' and a holistic awareness of the 'role' of consultation. (As derived and refined from realist synthesis and key texts from programme developers/designers – e.g. Cameron and Maginn, 2009).</p>	<ul style="list-style-type: none"> - Staff in the setting value the advice and support from the consultant. (Wagner, 2000) - Consultant is 'embedded' and aware of the contextual features of the setting. (Rosenfield, 2013; Leadbetter 2004) - Setting is receptive to advice provided by external consultant (Nolan & Moreland, 2014) - Setting utilises the 'co-construction' of strategies rather than the donation from consultant (Cameron and Maginn, 2009, p. 37) - Staff are supported to develop their own skills and attributes (Cameron and Maginn, 2013, p. 167) - Parenting is considered an 	<ul style="list-style-type: none"> - Staff utilise strategies developed through consultation in supporting residents. - The underpinning psychological research base is utilised in the development of strategies. - Staff are able to embed psychologically sound and robust strategies into their day-to-day practice. <p>(These mechanisms are derived from the realist synthesis which relates to the value of psychological consultation, but is contingent on each member of the consultation group being aware of their role, and the subsequent application of any strategies developed through the session: Cameron and Maginn, 2009, p. 45 / Nolan and Moreland, 2014)</p>	<ul style="list-style-type: none"> - Supportive strategies are evidence based and context-specific. - Practice is underpinned by robust, evidence based practice. <p>(These desired outcomes are provided clearly within key texts from programme authors: e.g. Cameron and Maginn, 2009, p. 45 and chapter on 'good parenting')</p>

	<p>'improvable' skill, and the context supports development through positive feedback and reflection (derived from consultation models, e.g. Schien 2990)</p> <ul style="list-style-type: none"> - Staff are eager to understand child development more fully and feel able to 'challenge' the consultant (Derived from synthesis relating to positive psychology and a 'shift' to viewing problems to 'possibilities' – e.g. Seligman, 2002) 		
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3.8 Research Questions which Inform Empirical Component of Study

The information provided in the current paper up-until-now has largely 'set the scene' for the empirical component which follows. Broadly, a vast and converging body of research evidence attests to the continuing risks to which C&YP in public care are prey throughout the developmental lifespan.

Their 'in care' experiences are designed to compensate for the early adversity which precipitated their entry to the care system.

However, despite a raft of policy developments supported by increasing expenditure, it remains the case that LAC are vulnerable to poor life trajectories and, while some progress is evident, the overall rate of progress for LAC is less than that for 'other children'.

In the host LA, implementation of the POP consultation initiative with staff in children's homes forms a key strand of policy and practice which aims to support a high quality of residential care which can, in turn, support improved outcomes for the C&YP who reside in these homes.

A further consideration relates to the challenges which residential care workers experience in fulfilling their demanding role with C&YP who have often been deeply damaged by their earlier life experiences and may experience deep mental distress.

The POP consultation initiative aims to provide timely support for staff, developing their sense of professional self-efficacy, capacity to meet the needs of the children for whom they care effectively and contribute to job satisfaction.

Given these high-stakes, the poor efficacy of previous national initiatives and the continuing adversity that LAC face, the research questions which underpin the direction of the remainder of the project emerge organically. These are necessarily related to the programme theories which have previously been proposed:

Underpinning Programme Theory	Research Question(s)
Programme Theory 1 (Parental acceptance / rejection and its relationship to 'trauma').	- Research Question 1: Does viewing LAC's pre-care experience as a 'trauma' provide an appropriate lens for understanding the challenges they often face? And how does this impact working practice?
Programme Theory 2 (POP model and developing the 'ethos' of the host setting).	- Research Question 2: How does the underpinning POP philosophy (e.g. authentic warmth, 'good parenting' and positive relationships) impact the nature of care work, from the perspective of care staff for whom the POP initiative was designed to support?
Programme Theory 3 (The 'value' and utility of consultation as a tool for empowering staff).	- Research Question 3: To what extent does the POP initiative – particularly the 'lived psychology through consultation' – support and/or empower care staff in their work to improve outcomes for C&YP?

Before providing the reader with consideration of these questions through 'real life' investigation, the methodology and design of the study is now outlined to indicate how data is to be obtained.

Chapter 4: Methodology and Design

4.1 Introduction

'Methodology provides what has been variously described as the procedures, the rules, the codes and the laws of scientific research.'

(Pawson, 2013, p. x)

At this point, the current research has provided for the reader the 'proposed' programme theories, alongside a detailed investigation as to whether they are theoretically valid when the wider research is considered via a RS; programme theories were thus refined. It would be a defensible position to suggest that the remaining programme theories (hypotheses), those which were not 'rejected' or adapted as a result of findings of the RS, are robust and reliable *theoretically* (Pawson, 2013).

It is now appropriate to determine whether these underlying theories are evident in a 'real life' setting. It is the aim of this current chapter to outline for the reader the specific practical considerations that were fundamental to the study; strengths and limitations of a case study design, the development of data gathering tools in line with the RE philosophy, the data gathering process, ethical and practical reflections and finally a detailed appraisal of the data-analysis procedure – 'Thematic Analysis' (TA) (Braun & Clarke, 2013) with critique as to why this was chosen above other approaches to analysis of qualitative data.

4.2 Case Study Considerations: Arguments *For and Against* Case Study Designs

As has been mentioned previously in this report, the focus of the current study has been one singular residential home in '*New Town*'. Consequently, it is appropriate to consider the research from a 'case study' perspective:

'[A case study is]...the detailed examination of a single example of a class of phenomena'

(Abercrombie, Hill, & Turner, 1984, p. 34 in Flyvbjerg, 2006)

It is the perspective of some researchers (e.g. Flyvbjerg, 2006) that much of the 'conventional wisdom' of case study designs is either '*directly wrong, is so oversimplified as to be grossly misleading*' (p. 220): it is generally presented that while case study designs can provide context-specific knowledge, due to the inherent nature of contextual differences, it is not possible to then make generalisations from the single case (Yin, 2009).

This challenge to case-study design has been described as relating to Popper's (1961) 'Black Swan' (falsifiability) argument: that no amount of data gathering within a case-study model will facilitate the generation of claims which are, or might be, true across all cases. In other words, for the current study, completing in-depth research within one single residential care setting would not allow the researcher to make claims for *other* residential settings; this is in line with the epistemological stance of the current paper.

However, it is a defensible position that a case-study design, for the current research, is appropriate and valid: Hodgkinson (2001) posits that there are many strengths of case study research depending upon the case 'under investigation'.

Appendix 11 demonstrates the considerations the researcher undertook when considering the current research design (interpreted from Hodgkinson et al., 2001 and Yin, 2009).

4.3 Development of Data Gathering Tools

The practical testing of programme theories (Hypotheses), in line with RE, requires the researcher to adopt a position of pluralism (Pawson & Tilley, 1997, p.220). Broadly, pluralism refers to the philosophy which underpins the development of data-gathering tools: a pluralistic approach does not favour particular data gathering methods, and is equally receptive to positivist and post-positivist approaches. As such, it is appropriate for the researcher to adopt whichever method of data gathering is most appropriate to the aims and objectives of the research study.

Although Pawson & Tilley (1997, p.85) argue against '*pluralism for pluralisms' sake*', and suggest that the selection of data-gathering methods should be '*carefully*

tailored' (p.85), it is a tacit understanding from the Realist position (e.g. Pawson, 2013) that adopting a number of methods for data gathering is likely to provide a more rich and cohesive picture of the underlying programme theories in the real world. For the current study, focus groups and process observations were completed.

4.4 In Defence of Focus Groups and Process Observations

Focus groups are frequently used in qualitative research (Robson, 2002); however their evident popularity should not be considered as justification for the method being rigorous or without critique. Focus groups might justifiably be considered a 'group interview' which offers a number of practical advantages to the researcher: less time-cost in comparison to other methods (i.e. individual interviews); they provide a framework to uncover participants views and perspectives relatively rapidly, and ultimately they allow participants to offer their views in a 'safe' and authentic environment, free from conformist pressures – this arguably provides a more authentic response (Robson, 2002) for the researcher.

Conversely, there are some disadvantages: some participants may take the 'spotlight', overshadowing the views of others (and possibly leading to a skewed dataset); the hierarchical structure of a setting (i.e. 'Managers', and 'Senior' practitioners being involved in the group) and the tendency for spontaneity to occur so that the conversation 'drifts' to different, perhaps unrelated, topics (Oppenheim, 2004).

However, as a reflective practitioner, I attempted to negate these potential risks to validity: (a) offering opportunities for each group member to contribute in a structured way (i.e. asking for input from a group member, although *only* if I perceived as though they wanted to contribute, but were being overshadowed by other group members), (b) checking beforehand if each participant felt comfortable with 'senior' members being involved in the focus group (the consensus was that, given the nature of the job, the hierarchical structure was, in reality 'flat', and that a managers presence would not interfere with participants giving accurate accounts),

and (c) ensuring that if the discourse moved to unrelated topics, I would refocus the group with a carefully placed 'structured' question, from the 'schedule' (Appendix 19). Though inherent challenges with focus groups are present, many can be refuted via reflective practice and an acknowledgment of the limitations.

With regard to observations: though there is again some critique within methodological literature relating to the validity of observation (e.g. Law et al., 1998), particularly their time-consuming nature, the impact that having an external 'observer' has on the process under observation, and the validity of the researcher making inferences from the observed data, generally they are seen as a valid method to gain insight into a process:

'There is an argument...that understanding the social world can only be achieved by somehow gaining access to 'subjective meanings and experiences constructed by participants in social situations [through observation]'

(Robson, 2002, p.314)

As I visited the host setting on a number of occasions, and observed the POP process a number of times (two described in this paper, as ethical approval was granted only for recording and reporting of two instances), I am confident that my position evolved slowly from being 'external', to being considered 'internal' to the residential setting; therefore, my presence in the observation sessions was not seen as unusual.

Though process observations can provide only a tertiary reflection of a setting's culture, and they are inherently subjective and open to interpretation, for the current study, some confidence can be had that the recorded sessions are a fair reflection of how POP sessions work *typically* given the frequency in which I was 'involved' in the process.

In addition, as is the nature of residential care work, members of staff operate on a 'shift' pattern ensuring that there are some staff present within the home at all times – this is to maintain appropriate supervision for C&YP within the setting.

Though the shift pattern is necessarily variable to reflect the personal circumstances of workers within the home, it is required of each staff member to complete both night and day shifts, on regular rotation. This, while ensuring equitable circumstances for each worker, presents the researcher with a dilemma in order to 'capture' the experiences of each worker.

A single focus group opportunity was scheduled; however this was a nuanced process which ensured that:

- Each member of staff who wanted to take part in the group was able to do so (completed by ensuring the session was scheduled for a time in which each participant was able to attend),
- Residential care workers attending the session would not impact directly on the C&YP within the setting (completed by ensuring the focus group was completed while each resident was at school/college),
- Time was 'safeguarded' by management to ensure that staff involved in the focus group did not have competing interests from their day-to-day work, and
- Staff had consented to being involved, understood their role within the focus group and were able to contribute.

In total, 7 participants were present for the focus group comprising of 1 centre manager, 2 senior residential care workers and 4 main-grade residential care workers. Overall there are 10 members of staff that work within the setting, and thus I feel the focus group provides a representative sample of the staff group.

4.5 The Process of Data Gathering and Realist Interviews

On two (recorded) occasions I adopted the position of a passive observer of a POP session. Both of these sessions were audio recorded. Both sessions followed closely the POP model (as outlined earlier in this current paper), with the facilitating psychologist offering 'advice' drawn from their knowledge of the psychological research base alongside co-constructing strategies for the care home staff to use in the interim period until the next consultation session.

In addition, a focus group opportunity was set up in which all residential care staff that have involvement with the consultation process were invited to contribute. This

focus group was semi-structured as, by this point, I was more aware of the underlying programme theories embedded within the intervention; simply, I had a theoretical understanding of how the 'process' was supposed to operate. Consequently, it was straight-forward to ask exploratory questions which were likely to elicit responses which would be useful when interpreted into contextual and/or mechanistic factors.

The Realist Interview.

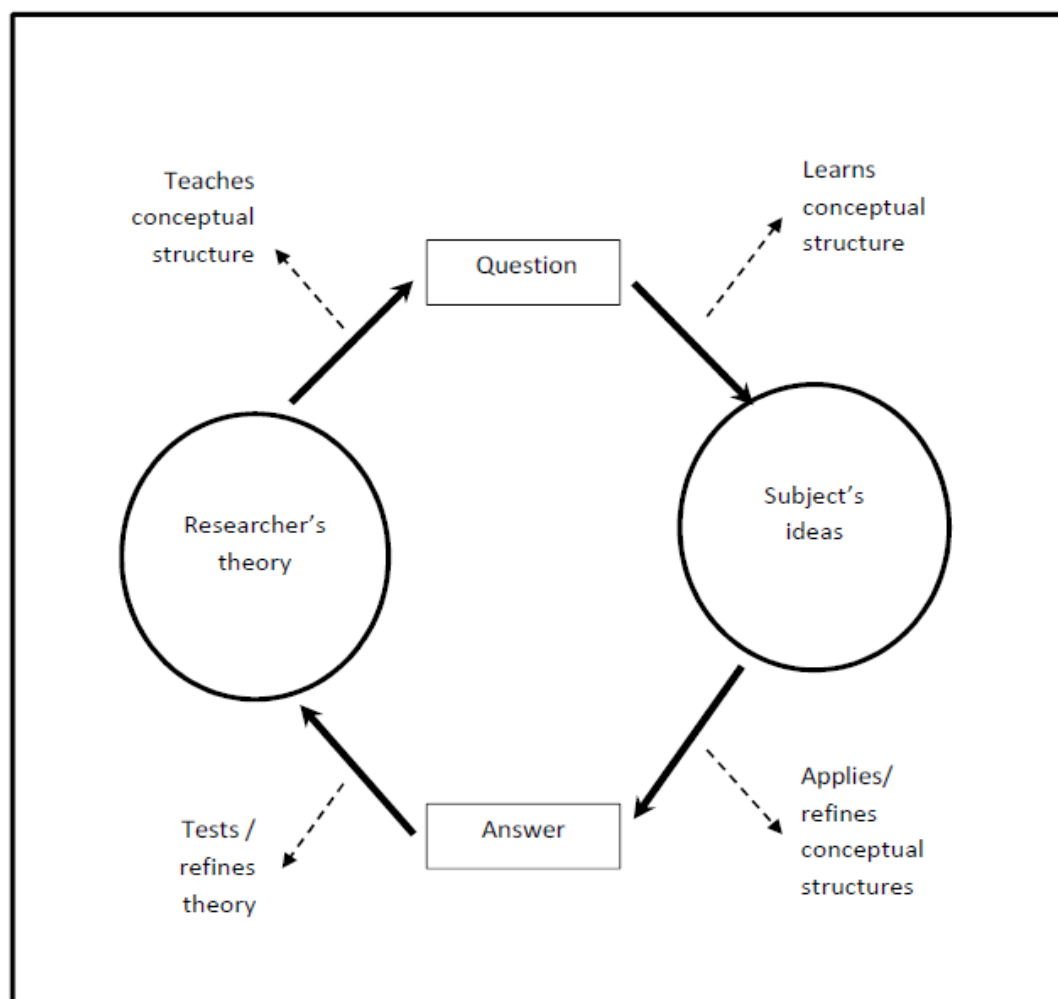


Figure 29 the basic 'realist interview' structure from Pawson & Tilley, 1997, (p. 165) adapted from Crowley, 2013 (p.95)

In Pawson & Tilley (1997), a seminal text relating to the development of the Realistic Evaluation approach, consideration is provided as to the optimal method for how to elicit data from 'real world' settings and to appraise the validity of the programme theories.

Though there is little debate that, when completing research from an RE perspective, a pluralist approach should be adopted (in order to adhere to robust scientific principles and provide triangulation between data sources), there remains some debate in contemporary texts (e.g. Pawson, 2013) as to how one should approach this.

The 'Realist Interview' is one such approach, promoted in Pawson and Tilley (1997, p. 165). This approach is unorthodox insofar as the researcher actively discusses their emerging 'theories' with the participants of the interview: more simply, participants are informed about the researcher's potential programme theories - "*what bit of a programme works best for which subjects in what circumstances*" (Pawson & Tilley, 1997, p.2). The interviewees therefore become active participants in formalising the eventual hypotheses as to why or how a programme ought to work.

In the formative stages of this current thesis I did consider using a 'realist interview' process, but ultimately decided that this would be less appropriate than the methods selected; a defence of this decision is now provided.

Why not use a Realist Interview?

As has been discussed throughout this thesis, a primary objective was that the eventual findings would have utility for the LA in which the research was conducted: this, it was hoped, would have some impact in improving outcomes for LAC. Consequently, I wanted to know whether, in the specific context under investigation, the POP process was considered valuable and efficacious.

Accordingly, I felt it important to elicit true, freely donated perspectives from the staff for whom the programme was developed to support: had I decided to inform the participants as to *my own* perspectives as to why I believed the programme *ought* to work (or what the research says as to *why* POP should work), I suspect that this might have influenced the objectivity of their discussion.

More specifically, I wanted to avoid confirmation bias – simply, that participants would not offer opinions which were informed by what they *thought* I would want to

hear. To ensure a fair reflection of how things work 'on the ground', I believe it important that participants were able to discuss their views without any potential priming from me.

Not only this, as mentioned earlier in this thesis, there are considerable financial and professional restrictions becoming more apparent in the host LA – due to this, might the staff within the setting under investigation be cautious to present negative views about the POP process, in fear that this may eventually lead to the programme being withdrawn?

There is no straightforward answer to this consideration, however, I felt as though – if a Realist Interview had been utilised – there was a significant chance that the staff might 'upsell' the programme in order to confirm my emerging hypotheses. This, I believe, would have been a significant limitation of the project and had a considerable impact on its utility, an eventuality I wanted to avoid.

4.6 Ethical Reflections

Ethical considerations are a key feature of any research involving human participants and/or social institutions (Zeni, 2001). Before undertaking the research, as alluded to in the introduction to this current research, I was acutely aware of the challenges and often difficult life circumstances faced by LAC. Consequently, to ensure that any work within a setting which provides support for LAC was appropriate, all work was considered cautiously and sensitively.

All involvement was framed by the British Psychological Society's (BPS) Code of Ethics and Conduct (2011), the University of Birmingham's Code of Practice for Research (2012), and the Data Protection Act (2003). Additionally, ethical approval was gained before any research was completed, and the consent forms were devised specifically to consider the complexities of the setting in which the research was due to be completed. Attention was given to participants' right to withdraw from the study, opportunities for participant feedback, confidentiality, potential risk to participants and subsequent management of data. Appendix 12 highlights these considerations.

4.7 Data Analysis Methods - Thematic Analysis: Overview and Critique

'Thematic analysis...involves identifying particular themes which occur in the material which is being studied. Those themes may emerge from the data as they are analysed, taking the form of recurrent statements, attributions or assumptions which people make.'

(Hayes, 2007, p.171)

'Thematic Analysis'(TA) is an approach to analysing and inferring meaning from qualitative data. The approach has grown in popularity over recent years; it is now the most common form of analysis when qualitative data is considered (Guest et al., 2011). Accordingly there are a significant number of studies which adopt this approach to analysing data, and it is commonly seen as *'the most appropriate [approach] for any study that seeks to discover using interpretations'* (Alhojailan, 2012, p. 10)

Fundamentally, the analysis procedure involves *'identifying, analysing and reporting patterns (themes) from within data'* (Braun & Clarke, 2006, p.79), and this is completed in a systematic, sequential manner; this is beneficial as qualitative approaches to the analysis of data are incredibly diverse, complex and nuanced (Holloway & Todres, 2003).

Using this approach allows the researcher to not only determine the frequency, and thus prominence, of a theme (i.e. how often a theme emerges from within the dataset), but it can also *'provide a rich and detailed, yet complex account of data'* (Braun & Clarke, 2006, p. 82).

For the research at the heart of this current paper, TA is relevant for a number of reasons; however, as mentioned in the outset, it is important to provide for the reader a sceptical appraisal of each research decision (i.e. selecting TA as the analysis approach). Arguments for and against TA are now provided, followed by a diagrammatical illustration of the selected process.

The first, and arguably most prominent, reflection for the researcher when selecting the method of data analysis is that it 'fits' with the epistemological and ontological

position of the research; some of the other available methods of analysis may not be fully applicable with the stance of the research philosophy (e.g. interpretative phenomenological analysis – Smith and Osborn, 2003 and conversation analysis – Hutchby & Wooffitt, 1998).

The reason for this is that one's perspective of the 'nature' of reality (and of course the perspective selected for any given piece of research) will fundamentally affect how the researcher attempts to gain 'knowledge' about that reality. Since qualitative research often finds reference within an '*internal*' and subjective reality (of both the researcher and participants), it is therefore not appropriate to select analysis methods which are largely objective in nature;

'Qualitative researchers, valuing participant's own interpretations of reality, maintain that knowledge emerges from achieving a deep understanding of the data and the context it is embedded in'.

(Joniak, 2002, p.6)

There are some methods of data analysis which are not aligned closely with any particular epistemological position, and TA is often placed within this category:

'There are methods that are essentially independent of theory and epistemology, and can be applied across a range of theoretical and epistemological approaches. Although often (implicitly) framed as a Realist/experiential method (e.g., Aronson, 1999), TA is actually firmly in the independent camp'

(Braun & Clarke, 2006, p. 82)

Arguably the TA approach is therefore compatible with the orientation of the current research (Realism).

In addition to this, TA has some pragmatic advantages which promote it as a robust and appropriate research method. TA is perceived as a 'flexible' approach to 'distilling' data and finding themes within it; as the approach is compatible with many modes of data collection (e.g. narrative research, large data corpuses and smaller databases - Clarke & Braun, 2013), the researcher is not restricted to the

methods of data collection available, and thus is able to select the most appropriate methodology.

Nevertheless, a significant critique of TA that can be found within research is the lack of clear and concise guidelines for practice; the argument that 'anything goes' when TA is considered – although this is often a critique of many qualitative data analysis methods (Antaki, Billig, Edwards, & Potter, 2002) – is prominent (e.g. Mays et al., 2005)

A further considerable critique of this approach is paradoxically also a strength: inherent flexibility. Simply, as there is arguably a significant level of subjectivity in the analysis procedure, it is posited (e.g. Mays, 2005) that there might also be difficulty with transparency.

For the reader, it can be challenging to identify *how* themes were derived, and from where within the dataset; might the analysis procedure produce different themes if an a-priori, theoretically driven approach had been adopted rather than an 'inductive' approach in which themes are derived via the process? This critique provides a fundamental concern when adopting the TA approach: as the analysis procedure can be completed in a plethora of ways, there are limited guidelines for 'how' the process should be conducted, and indeed whether a different researcher may identify different themes.

It is also, at this point, important for the fastidious researcher to provide justification for not only using the Bruan and Clarke model for completing TA (above other interpretations), but also why TA was selected over other approaches to analysing qualitative data.

TA is not the only approach available for analysing qualitative data, a panoply of other methods are available (e.g. Conversation Analysis (CA), Narrative Analysis (NA), Grounded Theory (GT), etc.). Ultimately, the decision to select TA as the approach was due to it correlating well with the ideals of realism, for example:

- Conversation Analysis (CA) largely focuses on, and principally argues that, 'reality' is structured and developed through conversation. One of the central

tenets of realism is that an external reality 'exists', distinct from human interpretation or construction. As such, the fundamental premise of CA does not correlate well with the Realist position (Gubrium & Holstein, 2000)

- Narrative Analysis (NA) seeks to put together a 'big picture' about experiences, and how participants interpret and understand them; some (e.g. Riessman, 2002) suggest that NA seeks to understand the fundamental '*story itself*' (p. 218). As a main objective for NA is to determine the whole story, there is less emphasis on individual participant's perspective and views: this appeared antithetical to the goal of the current research study, particularly as we were interested in individual perspective of the utility of the POP programme.
- Grounded Theory (GT) offers the researcher a method to develop theory 'grounded in' the research data, and interpretations made from it (Coffey & Atkinson 1996). The main goal of the current paper was not to 'theory build', but instead to appraise theories already existing and implicit within the POP programme. Therefore, the ideals of GT did not correlate well with the objective of the current research.¹⁹

Within TA itself, there are two main positions available for the researcher to adopt: data-driven, inductive approach (Boyatzis, 1998) and more deductive, *a-priori* template of codes approach (e.g. Crabtree & Miller, 1999). For inductive approaches, the data 'speaks for itself': '*inductive analysis is a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions*' (Braun & Clarke, 2006, p.12).

Conversely, deductive approaches interpret the data with *a priori* assumptions and are 'theory driven'; given the information earlier in this current paper about the priority of RE being a largely *theory driven* method, it is hopefully unsurprising that a

¹⁹ Necessarily, this section cannot appraise every approach to analysing qualitative data. The three examples are given to provide confidence to the reader that Thematic Analysis was not chosen 'on a whim', and that there was a defensible and systematic process undertaken to ensure that Thematic Analysis was most appropriate.

largely *deductive* approach to the dataset was adopted - the underlying programme theories framed my approach to analysing the data:

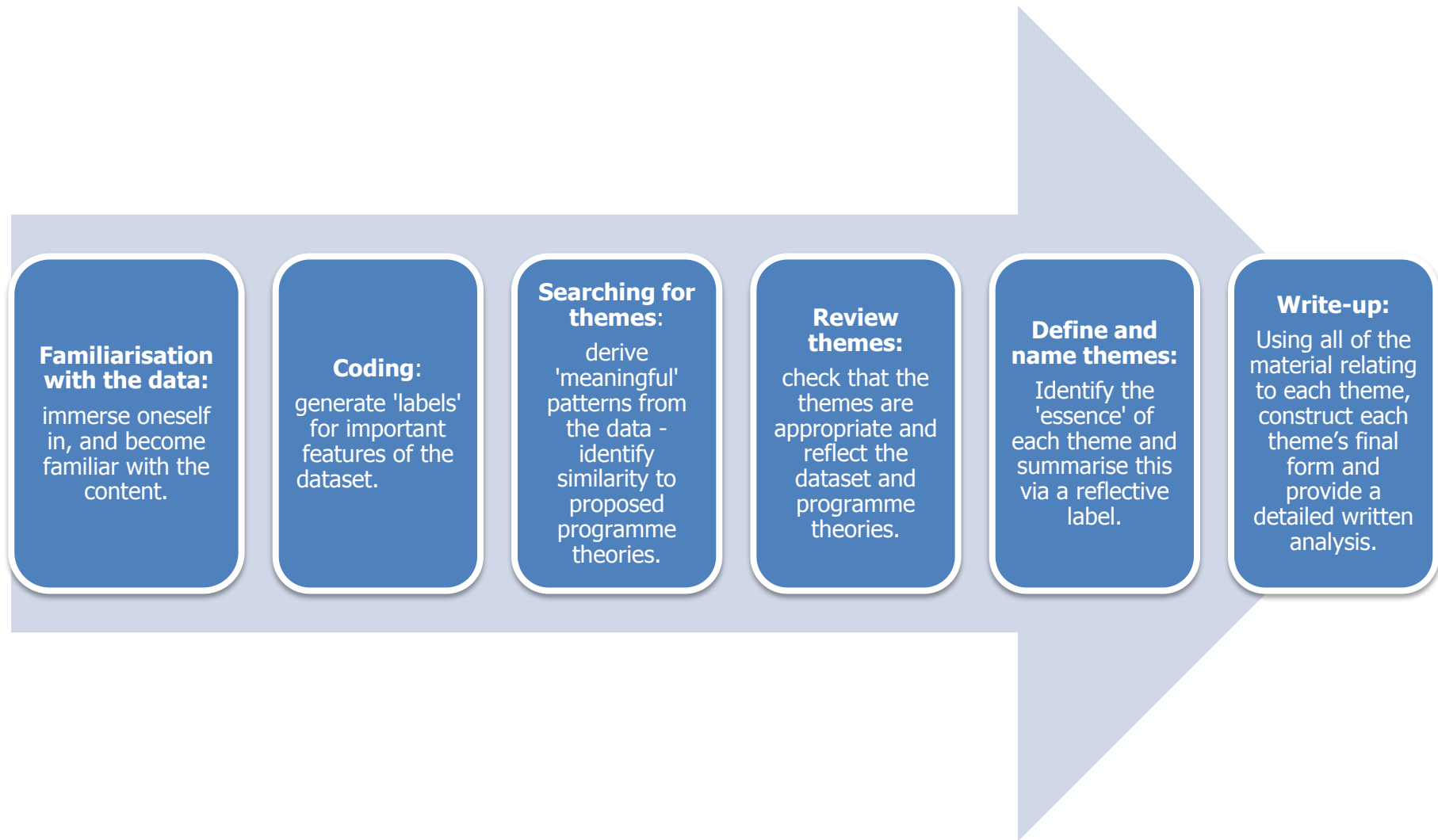


Figure 29: Showing Thematic Analysis Procedure (adapted from Braun & Clarke, 2006)

This chapter has provided for the reader the practical, conceptual and ethical challenges (and considerations) required for the current research to ensure that it is methodologically robust.

Finally, as has been a theme throughout the project thus far, it was important that the current study had practical value in a 'real life' context. Consequently, before moving to the findings of the study, the following table summarises key features of the host setting so that the reader can understand the value system and contextual features of the setting

Contextual Feature	Qualitative Description
Residents	Host context offers planned placements for a maximum of 6 young people aged between 13 - 18 years.
Staff	10 (Including Manager)
Aims and Objectives of the Setting	<p>To provide C&YP with a stable, safe, caring and nurturing environment, in which to develop and prepare for semi-independent skills through the training programmes provided.</p> <p>To ensure that the needs of the C&YP are the paramount consideration and that any work that is completed is based on informed 'best practice'.</p> <p>Young people are treated with dignity, respect and consideration.</p> <p>The setting reviews its work - seeking feedback from the C&YP, parents, residential staff and other professionals, ensuring that all benefit from 'best practice'</p>
Last OFSTED inspection result	'Adequate' (November, 2012)
Average % occupancy	84%
Location and Demographic	Located in a suburb of a significantly economically disadvantaged ward of the West Midlands. 6.2% unemployment rate, within the 6% most deprived cities in the United Kingdom

We strive to achieve and exceed the 5 outcomes set out in Every Child Matters including:



8

Children and Families

With this chapter now complete, it is appropriate to consider the 'real' data that the current research study elicited.

Chapter 5: Findings

The aim of this current chapter is to provide for the reader the 'findings' that emerged when I attempted to investigate the underlying programme theories in one residential care home setting.

As such, the following chapter is structured:

- An outline of the initial 'codes' derived from TA of the entire text corpus.
- 'Final' themes derived from the original codes, a visual representation of said themes (both dominant and subordinate) and also a qualitative description of each theme alongside indicative quotations, drawn from the data corpus, selected to illustrate the theme.²⁰
- A synthesis: interpreting the derived themes in terms of Context (C), Mechanism (M) and Outcome (O) configurations in-line with the RE process.

Finally, the reader is provided with an outline of 'additional' steps that I completed to safeguard data authenticity and reflectiveness.

²⁰ Where quotes from the data corpus are underlined, this is done so as it represents a clear exemplar of the derived theme. Further, all identifying features of study participants and young people are anonymised.

5.1 Initial 'Codes' Derived from Data Corpus

The following grid outlines the initial codes derived from the data, colour coded to emphasise the eventual 'themes'.²¹

Psychologist empowering staff	Psychologist offering strategies	Psychologist offering open questions	Psychologist clarifying	Staff empathising with Young Person's difficulties (early life)	Staff empathising with Young Person's difficulties (persisting)	Strength-focussed approach
Focussing on 'small successes'	Positive interactions	Authentic emotional response	Genuine concern for Young Person's well being	'motherly'	Positive relationship model	Role model for young person to aspire to
Authentic parenting: reasonable boundaries	Awareness of early adversity	Awareness of ongoing difficulties with relationships	Staff modelling appropriate relationships	Parental rejection always permeating through	Facilitator co-constructing solutions	Awareness of challenges young people face
Reflective practice	Opportunity to offload	Co-ordinated approach	Emotional dysregulation	Problems to possibilities	'Good parenting' decisions	Realistic appraisal of Young Person's strengths
Honesty	'Authentic' warmth	Child/adolescent friendly interaction	Pride in young person's achievements	Ebb and flow – not always 'perfect'	Staff relationship with young person variable due to their circumstances	Encourage each other to notice achievements
'Pillars' model permeates	Pillars-related discourse	Pillars as a framework – a structure	Pragmatic difficulties of embedding strategies into the real world	Psychologist not seen as expert, rather 'sounding board'	Subjectivity of all interactions	'Signature Strengths'
POP consistency	POP supporting 'confidence' of staff	External support as 'trainer'	'Expert' model	Psychological knowledge	The 'conversation'	Adapting to the setting
Acknowledging emotional impact of early trauma	Early relationships as schema	Complex familial relationships	Encouraging the Young Person to make positive choices	Supportive staff ethos	Protective factors	Determining efficacy

²¹ Appendices 13-17 detail the 'structure' of each theme.

5.2 Themes and Derived Programme Theories.

5.2.1 Theme 1: Consultation Supports and Empowers Staff

Theme 1 relates broadly to the role that the consultant psychologist adopts within the POP process. There are, according to the transcripts, a number of concurrent roles that the facilitator must play in order for the POP process to be successful from the point of view of those who are involved directly.

The themes which emerge relate to many 'levels' of service delivery: the facilitating psychologist offers strategies, when required, but also supports the organic development of strategies from with the residential care staff's own knowledge and expertise of their setting and of the C&YP within it:

P1: *I don't think that the facilitating person comes up with 'new' ideas, and things*

P2: *No, I think that she allows and helps us to come up with the ideas.*

When the facilitating psychologist offers strategies, the consultees then must determine how to bridge the gap between the theoretical advice provided from the psychological research base and the restraints of their setting, if any are likely to be a barrier to the strategy being achievable.

A key function of the facilitating psychologist is to provide an external vantage point on the complex problems faced within the setting; staff suggested that they appreciated this alternate perspective and felt that it provided them with more objectivity:

P3: *It allows a greater degree of objectivity, especially if it's an external consultation because they're arm's length, I mean, not meaning to demean any of us, but we're not qualified psychologists, and the facilitator can give a framework to me, to support with behaviours that we don't perhaps fully understand. Sometimes, some of the behaviours, like, much further back in our young people's lives, understanding it can be hard.*

Participants also felt that the psychologist 'clarifying' the fundamental nature of the difficulty was important so that care staff could identify the 'root' cause, rather than the temptation to focus on the immediate presenting concern.

Interestingly, a theme which emerged strongly was that of the opportunity for staff to 'get together'. As there are complex shift patterns, due to the nature of the role, staff felt as though there were, prior to the POP process, less opportunities to hear from other staff who may be on different shifts. Simply, the POP process offers a cohesive and consistent model of service delivery and gives staff the mechanism to 'join up' their work:

P2: *I like that! The consultation thing, because you often find – and it's really odd – I mean we have got three different shifts here and then you find, that there's something that, or someone that has had similar experiences with a young person, or they have seen something that you've never seen so much, yeah, because obviously, so therefore you get patterns. You see patterns more, don't you? It's like a jigsaw puzzle, you've got a bit of the jigsaw, they've got a bit of the jigsaw, you know, yeah, and it's like we find during the consultations is that, it kind of brings it together, so, really, I think it's good for that because then you get more of a, you get repeated patterns, or you see improvements, and then, you know, obviously, and then things that we see, across different people as well.*

They also felt that the opportunity to have some respite from the main residential care setting (i.e. the opportunity to have an hour, safeguarded, for the POP process) was beneficial not only for the 'problem' under consideration but also their own well-being – it is a persistent risk to become embedded within the complex 'problems' of the C&YP's lives, and a 'break' to focus on the positives is appreciated:

P3: *But the hard part for me was always being when you get really caught up in a child's, uhm, negative behaviour patterns and you sort of, start easing back from the positives, and, as 'participant 3' said, you have to come in here to catch hold of those positive and get a glimmer that things are going well, but, it helps put a brake on for us as well, to hold back [negative emotions]*

Finally, staff felt the opportunity to speak with an 'expert' built their own confidence at approaching a problem; they felt 'empowered' and 'skilled up' by the process and, though difficult to quantify, this was seen as a key feature of the model. Overall this was the predominant theme elicited from the data:

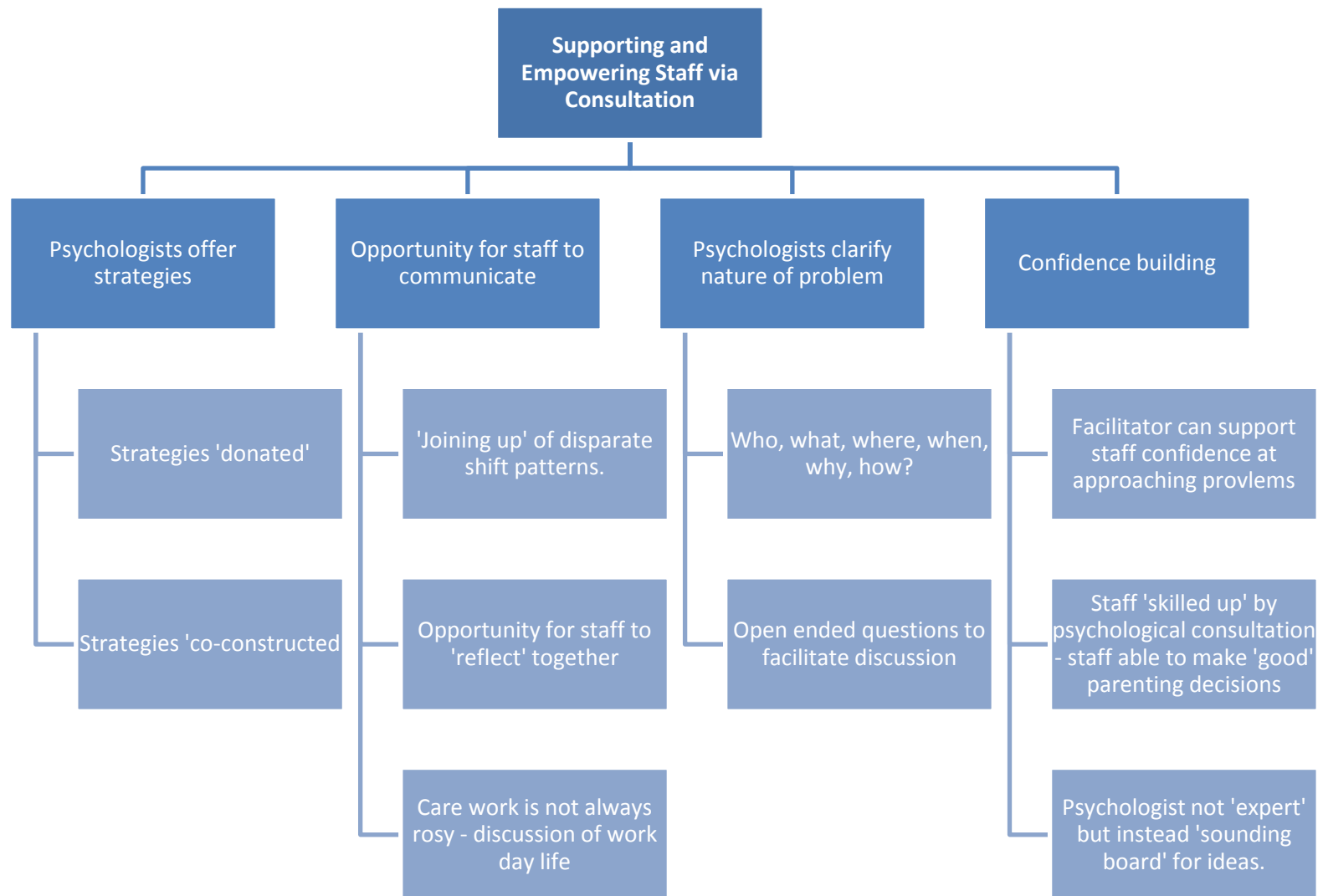


Figure 30: Showing Main Theme 1 and Subordinates

5.2.2 Theme 2: The Importance of Authentic Relationships

Although the POP underlying programme theories highlight the importance of authentic (emotional) warmth, this was less evident in the analysis of the transcripts. Instead, the importance of authentic *relationships* were noted; that is, staff acting within the role of corporate parenting demonstrating genuine and honest warmth within their interpersonal relationship with C&YP:

P1: *I think that he has developed relationships with a lot of staff if you know what I mean, he, it depends on what he needs, do you know what I mean?*

P2: *but they were doing it in a positive way too, you know, but it was just bizarre, you know, it was just like the first, time I have ever seen Joe being able to speak to a young person and the staff at the same time, in a proper conversation – first time ever.*

P1: *Exactly, that's why when he came back this time with receipts from the cinema I was really pleased that, staff give him the money to go to the cinema and then he came back with receipts...I told him 'I am so proud of you today, for that'*

This, the available evidence would suggest, is more in line with Cameron & Maginn's (2009) assertion that LAC should be cared *about* not just cared *for*. This theme was immediately evident within the transcripts and permeated throughout:

P2: *yeah with emotions and feelings and erm that evening that evening was a positive, it was a real positive, I actually praised Joe which, he is usually a bit standoffish because you know when I praise him like, I said to him 'you know, what's been up with you the last couple of days, you normally look really smart, you've got a bit of a swagger about you' I said 'you know you seem to have let yourself go a little bit' and as soon as I said that with Steve he goes up to his room has a shower, comes down, and he looks really well, and I said to him 'you look really nice Joe'*

One other point of interest at this juncture is that staff felt it was appropriate to demonstrate sincere empathy and/or sympathy for the C&YP and their (often) complex life circumstances. They emphasised that this was important to

demonstrate earnest human relationships and responses to the adversity that the C&YP faced:

P1: *no...not always, not always, sometimes he genuinely needs someone to bounce off but I think that it is normally when things are not going ok with Mum, do you know what I mean? He is suffering...if everything is going perfectly with Mum then we're dogs, we're, we can't do anything right, but, we can't do nothing for him, we don't support him or whatever...minute everything goes wrong with Mum, he works better with staff and I've noticed that he's got a bit of a pattern going. He'll reject staff if things are fine with Mum and then erm Mum can't do no wrong but then when things go wrong with Mum, you know, the biggest things, is she doesn't do anything right...'you don't know her', 'you don't know the way I deal with things'...you know 'just because you have seen these things it is not the way that she is' and he will be a bit like that.*

P2: *so Liz will do things like make him a cup of tea or take him a breakfast or do this, so he likes that, shopping trips, he loves that and then the fact is if you sit there when he is moaning or on one of these, he likes this banter.*

This smaller, but still fundamental, theme can be represented as:

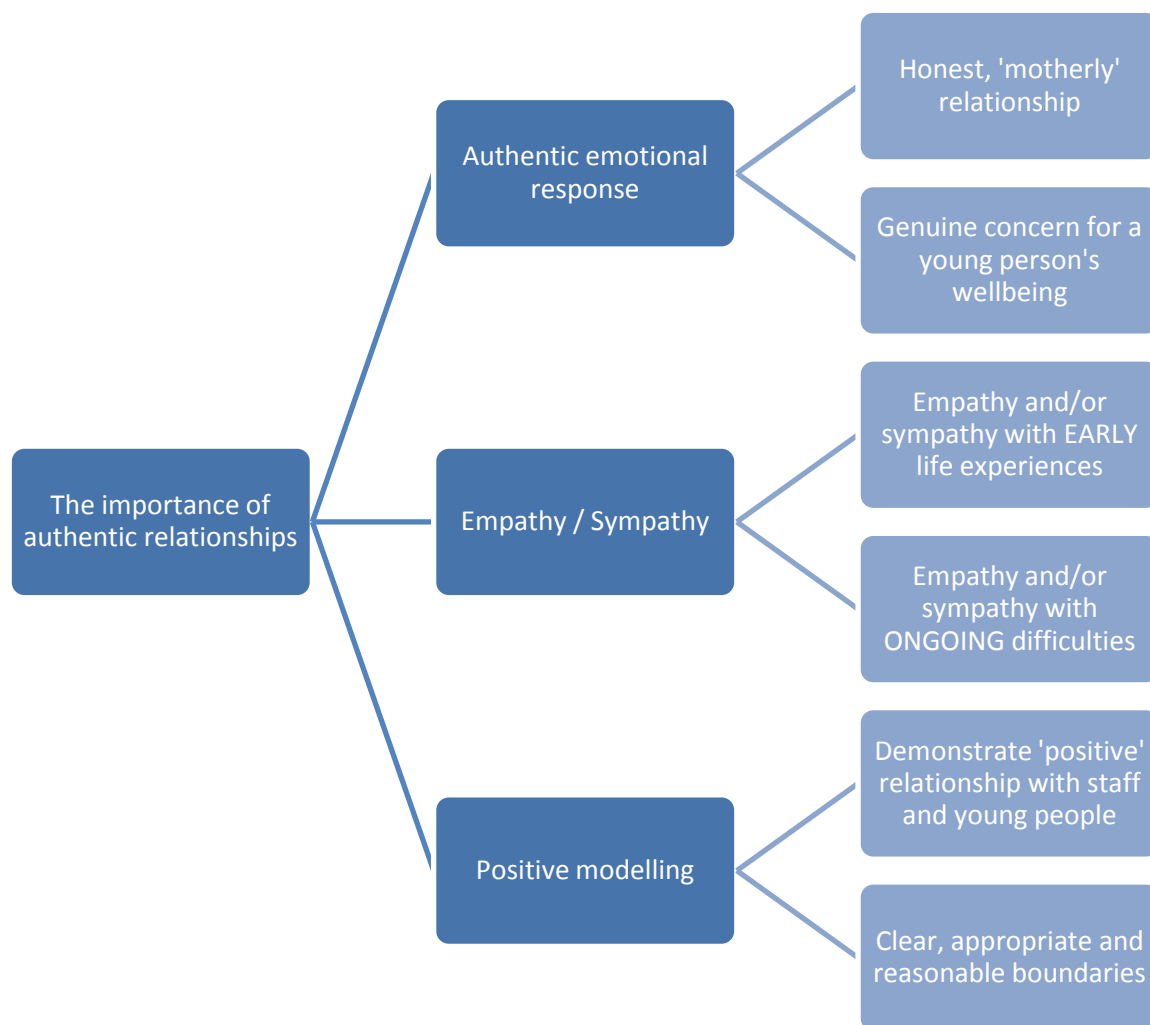


Figure 31: Showing Main Theme 2 and Subordinates

5.2.3 Theme 3: An Ongoing Awareness of Early Trauma and Subsequent Impact

A key theme, incidentally in line with the framework presented within the Cameron & Maginn (2009) text, is the awareness of adversity (parental acceptance/rejection):

P2: *when she [mum] doesn't turn up to contact he is so upset about that*

This theme emphasises that staff retain, through all interactions and 'direct work' with C&YP, an awareness of the adversity that they have faced both before and during their care experience:

P2: *I said to him 'what areas do you want to look in to?' and what you're not happy with and he said 'contact with my mom...I want it to be more', that was the comment that he made. But when I asked him to write it down, he wouldn't write it – I said 'I haven't got a problem writing it for you but you have to sign it, it's your work, it has got to be in your words, Joe'*

P1: *the thing is about contact is that he is not happy even when he is on contact.*

Staff being cognisant of the challenges allows them to further support the C&YP insofar as 'understanding' why they may respond or behave in a way which, to an objective onlooker, might appear distressing or rebellious:

P2: *So you say that he doesn't mention her...I mean, I know that there was an incident where he witnessed her being hit by her husband, but, has he just decided to explicate himself from the situation since then.*

P1: *He just calls him 'a nob'. He says 'I don't like him he's a nob'.*

This, alongside care workers having an awareness of how the complexities of 'growing up' that all C&YP face, allows them to support the C&YP within their care via positive interactions and relationships (theme 3).

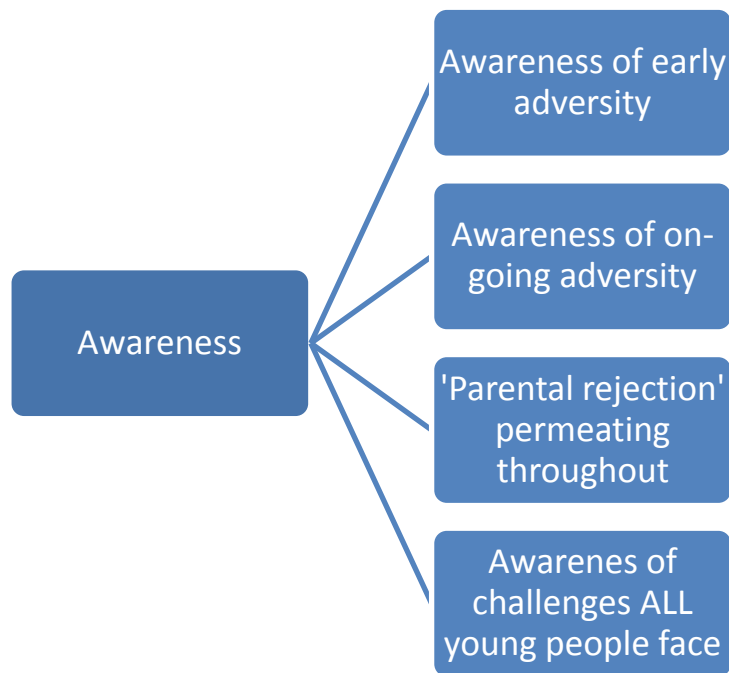


Figure 32: Showing Main Theme 3 and Subordinates

5.2.4 Theme 4: Positive Regard and a Strengths-Based Approach

A prominent theme emerged from both the observation and focus group transcripts, again in line with the perspective of Cameron & Maginn (2009): that is, care staff adopting a position of focusing upon C&YP's strengths, and altering their view point from 'problems' to 'possibilities'.

This theme came through strongly both implicit in the conversations that care staff were having with each other:

EP: *it might be that that is the type of scenario that they come from and you modelling something very different, and you know, it will take time for that, to kind of bed in - but it sounds like there are some signs of improvement?*

P2: *yeah definitely there are signs, I've noticed it anyway the last 3 shifts.*

P1: *he has softened.*

Staff prompted and supported each-other in the POP consultation sessions to 'notice' the positive developments of a young person, albeit 'small':

P2: *because I think the last couple of shifts, I've spent loads of time with him last night and Steve was like listening in and he says 'it's a bit of a breakthrough for me' and the last shift before that I did some direct work, with Steve, around his emotions and feelings and that was a positive conversation and that went over a period of about forty five minutes which is good for Joe so I think we're having a bit of a breakthrough and I know that a few times when I've gone home he has said 'bye' or 'safe' which I think is a positive for him too, you know? Because he doesn't really...*

P1: *yeah, because Joe tends to be hard but he like the hugs, he likes the attention and, like I've said, he can either be gentle or he accepts it...he accepts it when he really wants it and that's like the motherly pampering you know*

Focusing on strengths permeates through all interaction:

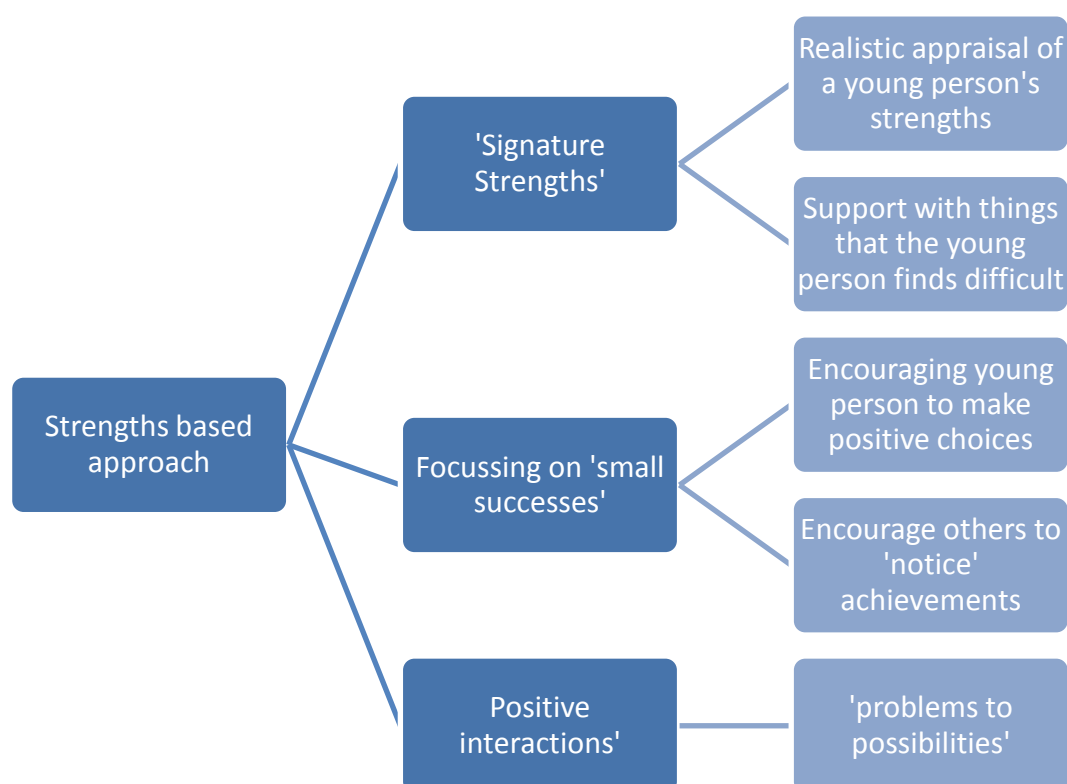


Figure 33: Showing Main Theme 4 and Subordinates

5.2.5 (Subordinate theme): Difficulty With, and Strengths of, the 'Tool'.

This final theme relates less to the underlying philosophy and/or programme theories of the model. However, when conducting the focus group, participants expressed a desire to talk about the practical aspects of the model, and any subsequent challenges or strengths that they encountered.

Broadly, participants found the model useful as a framework for monitoring, appraising and bringing consistency into their work. They felt that the POP 'discourse' was fairly well embedded within the setting (i.e. conversations happen 'on the ground' about which 'pillar' is being worked upon) and this helps provide a structure to any discussion.

Contrastingly, participants felt that there were two fundamental challenges with the model which gave them some concern: the pragmatic difficulties with embedding the POP tools within their currently existing systems:

P1: *that paperwork as a tool is not that useful, because we've got paperwork that is a tool, and we use that, we use things that are in the file, and it really does benefit us. The POP paperwork doesn't really benefit us that much; it's more about the ways of working, the practical working, which really benefits us.*

and the inherent subjectivity of the model and how this was not conducive to determining efficacy:

P1: *I think what I have realised is, that's it's not a science, the POP do you know what I mean? You agree on a pillar, and it could really be, I mean sometimes you might have a choice between two or three pillars, in the end, what you're going to work with, and it's not a science, so, as much as you can get it right, you might get it wrong – because we all sit here, and we agree on a pillar don't we? It's not scientific is it?*

Simply, as much of the model is based upon the subjective opinion of a residential care worker, there is little rigour in the 'outcomes' achieved:

P4: I think that the POP consultations are really good, but I don't think the paperwork, you know, the POP diagrams and frameworks, I don't think that is very good...and that's part of it, isn't it? Because some of the questions, there's two parts to the same question, and they're totally irrelevant – they're two different, totally different subjects.

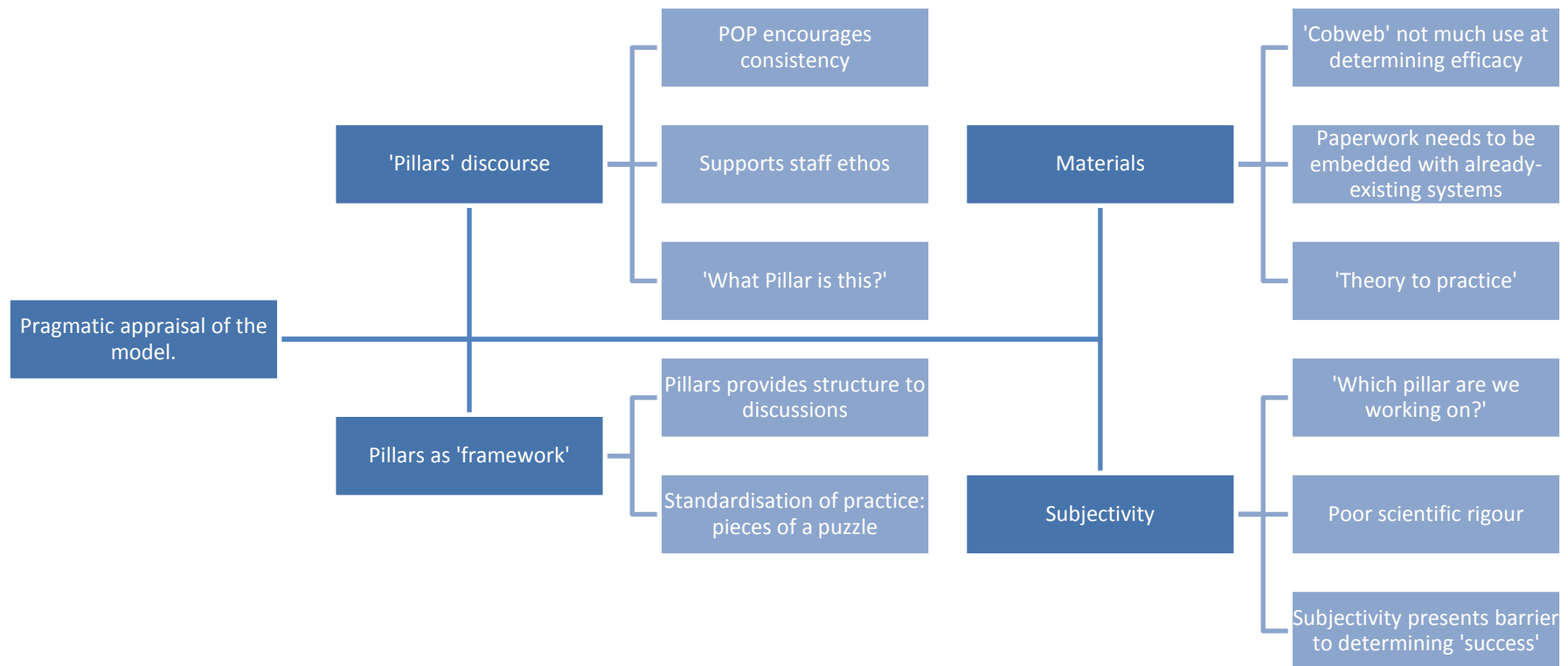


Figure 34: Showing Main Theme 5 and Subordinates

5.3 How can the Reader be Confident that the Themes are Reflective of Dataset?

"For many scientists used to doing quantitative studies the whole concept of qualitative research is unclear, almost foreign, or 'airy fairy' - not 'real' research"

(Laubschagnes, 2003 in Braun & Clarke, 2006, p.26)

As noted in the methodology section, one of the most considerable critiques concerning qualitative research is related to the methodological rigour of the findings; simply, two individuals may interpret the dataset differently and thus reach disparate conclusions. However, there are some steps which can be completed in order to minimise, insofar as is possible, these threats to validity. For this current research project, two mechanisms were adopted to provide confidence for the reader that the themes (and thus context, mechanisms and subsequent outcomes) are robust and defensible: (i) 'checking' the themes with study participants, and (ii) completing *my own* POP consultation in order to evidence theme reflectiveness.

5.4 Checking Themes with Study Participants

Once I had completed the two POP observations and focus group, a significant amount of data had emerged. Through the process of TA (as above), I was able to filter these apparent incongruent data into themes which are argued to capture the nuance(s) of the dataset. However, at this point it was just my *subjective* interpretation.

On a subsequent, unrelated visit to the host setting, I was able to discuss the themes which had emerged from my data analysis with the individuals who formed the observed POP sessions and the focus group. We were able to discuss whether they felt, from the dataset, that the themes which I had derived reflected both their 'on the ground' experience, alongside the themes being a fair reflection of the topics discussed during the focus group.

Fortunately, there was a high level of agreement with the themes that I had derived: the themes, I was informed, appeared to capture the subtleties of their working practice, particularly relating to the difficulties that professionals have had with the

practical aspects of the POP model (recording data, evidencing progress, and the subjectivity of determining which 'pillar' was appropriate for the C&YP in question). This process, I argue, provides a further level of confidence for the sceptical reader that the themes are valid.

5.5 Completing *my own* POP Consultation in Order to Evidence Theme Reflectiveness.

To provide a further level of confidence that this research paper reflects fully the practices which are occurring 'on the ground', and to evidence to the reader that I, in my role as researcher, had a robust understanding and conceptualisation of the programme, I also completed my own POP consultation.

Though, at this point all data had been collected, transcribed and analysed, I felt it appropriate to assume the role of POP consultation facilitator to ensure that I had fully understood the *process*. As such, towards the end of this research journey, I, independent of the regular consultant, facilitated a POP consultation.

Though the specific process of this session is not recorded here, it did allow me to have further confidence that I had derived appropriate, reflective and reasonable programme theories, and that the research presented here was methodologically robust. Further, this I feel, demonstrates that I was cognisant throughout the research of the methodological and epistemological weaknesses of the approaches I had selected.

On reflection, the POP session followed the trajectory that I had witnessed during my observations (and how the session is designed to be run – Cameron & Maginn, 2009), and provided further confidence that the discussions and conclusions reached (as provided in the subsequent, final chapter) are reasonable: the paper now turns to these considerations alongside providing note of the study limitations.

Chapter 6: Discussion, 'Final' Programme Theories, Conclusions and Limitations

6.1 Introduction

As noted at various points throughout this research study, the orientation of the project was in-line with the Realist perspective: that is, 'programmes' are a practical embodiment of 'theories'. It is the strength and validity of these theories, alongside the contextual circumstances, which ultimately underpin the 'successes' of any intervention.

Fundamentally, the entire aim of this project was to elicit the underlying 'theories' implicit or evident within the key texts from the programme designers, and then to 'test' these theories via literature and 'real world' data collection.

As with a robustly scientific approach, the testing of hypotheses allows subsequent researchers to consider the work that has gone before them, and build on it for their research project: this allows the domain knowledge to develop via perpetually attempting to get closer approximations to the 'truth'. Further, if hypotheses stand up to scrutiny, then more confidence can be had that the theories are valid.

For this current research project, *some* of the proposed programme theories, as elicited from the key programme texts, appear valid in 'real world' settings (though some slight adaptations were required). Two additional theories emerged particularly from the observations and focus group.

Each 'final' theory is now considered, in turn, to understand *why* each is fundamental to the programme respectively; these final theories are then interpreted as Contextual (C) and/or Mechanistic (M) factors which impact programme Outcomes (O), as is the nature of RE.

These CMOC configurations *may* provide guidance for professionals in the future involved in the embedding of the POP programme (or similar programmes of the same nature).

Finally, recommendations are provided to ensure the study has practical value and utility for the host LA and the role of the facilitating psychologist.

6.2: Analysis and Synthesis of Key Hypotheses (Programme Theories)

It is hoped that throughout this research the broader 'journey' is clear. The overall structure is largely influenced by prominent texts within the realm of Realistic Evaluation (e.g. Pawson, 2013 / Pawson and Tilley, 1997), and developed as follows:

- Elicit *potential* programme theories derived from key texts from programme authors;
- Subject these potential theories to scrutiny using a realist synthesis, considering both theoretical research and historic interventions of a similar nature (e.g. Munro, 2011);
- Refine original programme theories into CMO tables, based clearly in the findings of the synthesis, for subsequent 'real world' testing;
- Collect data from 'real world' setting, and;
- Synthesise expected programme theories (from research) alongside emergent theories (from data collection) – do they match? Are there any discrepancies? Consider these findings and provide final CMO tables which incorporate both theory and practice, which can then be used (potentially) in the embedding of the programme successfully in novel settings.

Understandably, given that this process relies considerably on the 'researcher' identifying programme theories robustly from key programme texts and the wider research corpus (and then synthesising them with real-life data), in order to provide the reader with confidence that the underlying theories for why POP should work are valid and defensible, it is necessary that transparency is provided. While it is not practical to provide the link between *each* eventual CMO configuration, and all the underpinning theoretical and practical data, a 'worked example' is provided hence in order that transparency is ensured.

Example 1:

Programme Theory	Context	Mechanism	Outcome
An ongoing, consistent and sensitive awareness of early trauma and subsequent impact [is required by care staff].	<ul style="list-style-type: none"> - The setting facilitates an environment where <u>formative rejection or trauma</u> is a <u>key element of the 'conceptualisation' of the young person's difficulties.</u> 	<ul style="list-style-type: none"> - This <u>awareness permeates through each interaction</u> with a young person. - Using the '<u>Cairns</u>' (2002) <u>model provides a framework for deconstructing the presenting difficulties.</u> - Conceptualise difficulties through <u>PTSD lens</u> 	<ul style="list-style-type: none"> - Young people <u>are supported sensitively, with their likely complex historical circumstances acknowledged.</u> - <u>Explanations</u> of ongoing difficulty are more <u>subtle and nuanced and based on robust psychological theory.</u>

The above is an illustration of a refined programme theory, and the elicited CMO configuration from research and practical data collection: the CMO pattern represents a fusion of the theoretical realist synthesis *and* the practical data collection.

As can be seen earlier in the thesis, an *original* programme theory (as elicited from key texts and realist synthesis), was conceptualised as:

*'A professional **ethos** which is underpinned by sensitive interpersonal interactions (***response to trauma***), ***good parenting*** and ***foundations of positive psychology*** supports affirmative long-term development and C&YP 'moving on' from their trauma'*

(Programme theory 2)

However, the thematic analysis of the focus group / process observation discourse did not elicit 'themes' which were directly in line with this original programme theory.

More simply, data collected from the focus group and the process observation emphasised significantly the value of understanding trauma in isolation; while there was some discussion relating to 'good parenting' and 'positive psychology', these themes did not emerge as strongly. Accordingly, it was a defensible action to separate 'trauma' in to its own programme theory, and thus refine the 'final' programme theory as a response.

As such, while there is some similarity between the original programme theory, and the final programme theory, the final theory was necessarily refined and rendered more nuanced to reflect the 'lived experience' of individuals who use the POP model:

Original Programme Theory	A professional <u>ethos</u> which is underpinned by sensitive interpersonal interactions (response to trauma), ...'
Refined Programme Theory Post Data Collection	An ongoing, consistent and sensitive awareness of early trauma and subsequent impact [is required by care staff].

The final programme theories reflect the perspectives of the staff who work within the setting, elicited organically from the data collection, synthesised with the original programme theories provided earlier in the thesis: the main aim of this is to, insofar as is possible, reflect both the theory *and* the practical experience of residential care staff.

This approach is consistent with the 'wheel of science' design outlined in Pawson and Tilley (2004, p.24) – the cyclical refining and testing of programme theories which allow the researcher to reach a closer approximation of 'truth'. It is a fine balance in ensuring that the 'final' theories reflect both the theory and the practice, but in doing so the reader can be confident that the eventual programme theories are not too heavily weighted in favour of the underlying theory, or the 'practical' embedding of the programme.

Though this step-by-step approach is not highlighted for each of the following CMO configurations, largely it was this synthesising approach which was utilised. If an objective reader or researcher were to complete both the synthesis (as noted earlier in the thesis), and the analysis of the practical data collected, the final CMOs as listed hence would likely be similar (though clearly nuanced due to differing subjective interpretation): as this current thesis has endeavoured to be transparent throughout, it is anticipated that many of the following CMO configurations are unsurprising given the literature that has been appraised throughout this document.

6.2.1: Supporting and Empowering Staff via Consultation

Evidence from the observation sessions and focus group revealed that the context at the heart of the research was committed to the consultation process. They acknowledged the many practical benefits that working with an external consultant could bring to their working practices: the opportunity for an external, objective perspective on a presenting problem, the consultant bringing the 'expertise' of psychological research, the opportunity to test their theories without fear of judgment, the co-construction of solutions, the opportunity for staff to remove themselves from the setting to discuss openly the difficulties that they are finding with the C&YP, the building of confidence in professional working practices, and the staff being able to make 'good parenting decisions'.

Many of the benefits of psychological consultation were broadly in line with conceptualisations of consultation derived from the research earlier in this paper:

Consultation is a voluntary, nonsupervisory relationship between professionals from differing fields established to aid one in his or her professional functioning

(Conoly and Conoly, 1982, p.1 in Rosenfield, 2013, p.11).

Staff felt that the consultation model allowed them to deliver a more professional, evidence based service, which would subsequently impact both their assurance that they were '*doing the right thing*', but also have a causal impact on the C&YP residing in the setting.

Overall, the consultation process was seen as a mechanism which reinforced the fundamental objective of supporting LAC: to respond positively to negative early life experiences and adversity, to facilitate improved outcomes for C&YP at risk, and to 'set them up' for a more successful life post-care.

Consequently, the following CMO configurations are appropriate (derived from the Realist Synthesis, the key programme theories in key texts and also the 'real world' data):

Programme Theory	Context	Mechanism	Outcome
<p>Staff are supported and empowered through the opportunity for external consultation.</p>	<ul style="list-style-type: none"> - Staff in the setting <u>value</u> the advice and support from the consultant. - Consultant is '<u>embedded</u>' and aware of the contextual features of the setting. - Setting is <u>receptive to advice</u> provided by external consultant. - Setting utilises the '<u>co-construction</u>' of strategies rather than the donation from consultant. - Staff are <u>supported by managers</u> to develop their own skills and attributes. - Parenting is considered <u>a skill and thus can be improved</u>, and the context supports development through <u>positive feedback and reflection</u>. - Staff are eager to <u>understand child development</u> more fully and feel able to '<u>challenge</u>' the consultant. - The opportunity for 'respite' – a <u>safeguarded slot</u> for consultation and reflection. - The <u>objectivity</u> of the consultant. - The psychologist bringing the '<u>expertise</u>' of the psychological research base. - Opportunity to 'test' theories <u>without judgment</u>. 	<ul style="list-style-type: none"> - Staff <u>utilise strategies developed</u> through consultation in supporting residents. - The <u>underpinning psychological research</u> base provides <u>confidence</u> in the developing of strategies. - Staff are able to embed psychologically sound and robust strategies into their <u>day-to-day practice</u>. - Staff develop confidence in their practice and can use this to <u>support peers</u>. - Staff <u>reflect</u> on their day-to-day decision making. - <u>Consistency of practice</u> across 'shifts' and a <u>supportive professional ethos</u>. - Supportive staff ethos <u>without fear of judgment</u> for 'getting it wrong' - Staff <u>knowledge develops</u> and becomes embedded. - Staff don't feel as though they are 'told' how to support C&YP – <u>strategies are co-constructed organically</u>. 	<ul style="list-style-type: none"> - Supportive strategies are evidence based and <u>context-specific</u>. - Practice is underpinned by <u>robust</u>, evidence based practice. - Staff <u>develop independent skills</u> and confidence at making decisions. - Strategies developed <u>support C&YP</u> in multiple domains of their lives. - Staff are aware of <u>appropriate responses to challenging circumstances</u>.

6.2.2 The Importance of Authentic Relationships

While the original theory derived from the POP key texts would suggest that 'authentic warmth' is a key dimension of the POP philosophy and process, the evidence from the observation and focus groups would suggest that this theory is actually broader. While there can be little doubt that authentic emotional responses to the challenges that LAC face is a positive facet of practice, staff felt that authentic relationships were more fundamental to ensuring improved outcomes.

Staff emphasised that, on some occasions, to provide an authentic experience for LAC, consistent with evidence based practice, that they are required to be the 'bad guy'; that is, to provide strict boundaries when necessary, to be honest to C&YP (even if this might be difficult for them to hear) and to present a realistic example of a reciprocal relationship.

Simply, no relationship is perfect all the time and it is unreasonable to think otherwise; however, staff felt that being authentic and demonstrating genuine warmth and concern for C&YP, even when that involved adopting a more assertive or 'strict' position, that this actually served to strengthen the authentic parenting relationship. As such, while the authentic warmth dimension of professional care should be interpreted as a key element of good practice, it might be conceptualised as a feature of a much wider theme: the relationship. Thus, CMOC configurations for this dimension are as follows:

Programme Theory	Context	Mechanism	Outcome
The Importance of Authentic Relationships	<ul style="list-style-type: none"> - The setting adopts the <u>position of positivity</u> when approaching the difficulties that residents face. - The setting facilitates an <u>ethos where genuine interaction is emphasised</u>. - Staff within the setting <u>demonstrate positive relationships with other staff</u> to 'model' this to young people. - <u>Authentic relationships can be strengthened by honest and sometimes 'tough love'</u>. - <u>Sympathetic / Empathic environment</u> for the young person's <u>early life</u> difficulties. - <u>Sympathetic / Empathic environment</u> for the young <u>person's persisting</u> difficulties. - <u>No fear of judgment</u> for displaying authentic emotions. - <u>Caring about</u> not just caring <u>for</u>. - A <u>supportive network of staff</u> and peers allows a young person to feel confident at displaying their emotions. - <u>Genuine concern</u> for a young person's wellbeing, in spite of high-probability of staff being 'rejected' also. - Setting facilitates a <u>sense of 'belonging'</u> for the young person. 	<ul style="list-style-type: none"> - Staff can <u>develop positive reciprocal relationships</u> with young people based upon <u>clear boundaries and expectations</u>. - Staff and C&YP can <u>develop appropriate emotional bond</u> which might <u>facilitate discussion relating to young person's difficulty</u>. - Providing '<u>tough love</u>' is not necessarily <u>damaging</u> to a relationship depending upon how it is delivered. - Without <u>fear of judgment</u>, <u>authentic behaviour and emotion is permissible</u>. - <u>Staff supporting each other</u> as well as C&YP in the setting; <u>authentic professional relationships</u>. - <u>Staff able to demonstrate genuine concern for the wellbeing, safety, and future of young person within the setting</u>. 	<ul style="list-style-type: none"> - Young person <u>experiences 'positive' relationship</u>. - <u>Early rejection is negated</u> or the <u>impact of this is reduced</u>. - Young person can <u>model their relationship behaviours on those that they witness in the setting</u>. - <u>Expressing emotions rather than 'bottling them up'</u>. - Young person can <u>offload with a trusted member of staff</u>. - A <u>sympathetic ear is provided</u> if a <u>young person wants to express emotions</u>. - Young person learns that <u>relationships are often based upon compromise – boundaries and restrictions can be viewed as 'positive'</u>. - Staff <u>feel more comfortable exhibiting genuine responses</u>. - <u>Ethos of the setting develops to one of caring and nurturing</u>, where <u>emotions are permissible and authentic when expressed</u>.

6.2.3 An Ongoing Awareness of Early Trauma and Subsequent Impact

Though this is a smaller theme in terms of scope (i.e. it is underscored by one specific domain: 'awareness'), the frequency of which it emerged through the TA provides a rationale for a full CMO configuration being constructed.

As previous sections of this current paper alluded, it is likely that C&YP who enter the care system are likely to have experienced early life adversity. The programme authors suggest that it is in fact this adversity (in particular 'parental rejection') which sets the precedent for later-life difficulties. Though challenges with this hypothesis are evident (as discussed in the Realist Synthesis), for professionals involved in the POP process, they are required to accept this hypothesis as broadly accurate.

The themes which emerged from the analysis would suggest that the staff who took part in the observed consultation and focus group attempt to develop a fundamental understanding of this early rejection, and through all of their work with the C&YP in the setting, retain awareness of this formative adversity.

This permeates through their interactions, their conceptualisation of 'why' C&YP may have ongoing difficulties in many domains (e.g. with ongoing relationships). As such, this appears to be a fundamental 'contextual' factor that causally interacts with a number of mechanisms. The following table highlights this feature of the POP programme in the current study's setting:

Programme Theory	Context	Mechanism	Outcome
<p>An ongoing, consistent and sensitive awareness of early trauma and subsequent impact [is required by care staff].</p>	<ul style="list-style-type: none"> - The setting, and staff within it, are <u>cognisant of the likelihood of early rejection or trauma.</u> - The setting facilitates an environment where <u>formative rejection or trauma is a key element of the 'conceptualisation' of the young person's difficulties.</u> - Staff within the context attempt to <u>reconcile the difficulties that <i>all</i> young people face, alongside the additional challenges that LAC are susceptible to.</u> - The context, <u>possibly through the use of consultation, retain an awareness of the importance of attachment and positive relationships with primary caregivers.</u> - Behaviours expressed may be better explained through <u>the lens of early trauma</u> - <u>Staff build a trusting relationship with the C&YP in the setting</u> - The setting <u>understands Post Traumatic Stress Disorder as a conceptualisation for persisting difficulties</u> 	<ul style="list-style-type: none"> - This awareness permeates through <u>each interaction with a young person.</u> - Using the '<u>Cairns' (2002) model provides a framework for deconstructing the presenting difficulties.</u> - Stabilisation, integrations, adaptation (Cairns, 2002) - Conceptualise difficulties through <u>PTSD lens</u> 	<ul style="list-style-type: none"> - Young people are <u>supported sensitively, with their likely complex historical circumstances acknowledged.</u> - <u>Explanations of ongoing difficulty are more subtle and nuanced and based on robust psychological theory.</u>

6.2.4 Positive Regard and a Strengths-Based Approach

When the initial programme theories were elicited from the POP key texts, the notion of focussing on C&YPs 'signature strengths' was a fundamental element as to what the programme authors believe would make the POP programme successful:

'after a young person has identified and personalised their signature strengths, [the setting] should consider how and in what contexts these can be employed in everyday life'

(Cameron & Maginn, 2009, p. 89)

While there were some similarities between this initial hypothesis and the theme which emerged through the TA, the theme considered here is broader than solely 'signature strengths'.

Staff within the focus group suggested that all interactions with C&YP should be 'strengths based' and 'authentic' rather than artificially determining which strengths C&YP possess, they should be given the opportunity to demonstrate them in naturalistic ways; paradoxically, staff felt that it was detrimental to the overall ethos of the POP programme to focus too intently on strengths because there is a risk that this minimises the often complex and challenging circumstances that LAC experience.

An example, given during the observed consultation session, was how a care worker expressed pride in the success that a LAC had achieved (using money given for a cinema trip for its intended purpose).

The worker suggested that this behaviour was one of the C&YP's key strengths (that he can be trusted with money), but this was tempered with an awareness that given his complex circumstances (difficulties with alcohol abuse and use of cannabis) that there should be regular monitoring of, and evidence sought for, where he was spending his money. Simply, while there was an emphasis on this C&YP's strength, there was an awareness of other circumstances which may impact upon it.

As such, the following CMOC table emphasises that a strengths based *approach and ethos* is fundamentally one of the underpinning hypotheses which can facilitate good outcomes using the POP methodology.

Programme Theory	Context	Mechanism	Outcome
Positive Regard and a Strengths-Based Approach	<ul style="list-style-type: none"> - Setting focuses on the <u>signature strengths and attributes</u> of C&YP. - <u>An ethos which looks for successes, however small.</u> - <u>Positive interactions permeate throughout daily practice.</u> - The setting is <u>supportive of challenges and presents a realistic appraisal of a young person's difficulties</u> (i.e. it's ok not to be the best at everything' approach) - Challenges faced are <u>refocused as opportunities for improvement.</u> - A setting which <u>supports 'failure' by emphasising that it's ok to fail; it's the response which determines character.</u> 	<ul style="list-style-type: none"> - <u>Children's own mechanism at determining their value and self-worth is triggered by staff highlighting their strengths.</u> - <u>A trusted relationship is developed.</u> - <u>Children able to recognise that their early adversity may not be an accurate appraisal of their value.</u> - <u>Less internalisation of difficulties; C&YP feel able to talk about challenges.</u> 	<ul style="list-style-type: none"> - Children within the setting can <u>develop their self-esteem and positive self-image</u> which may <u>permeate through to other domains of their life.</u> (this is clearly in line with a key philosophy of POP) - Children are <u>able to 'handle' negative or difficult circumstances as they have now built up a more positive representation of themselves.</u> - View themselves as <u>valuable with worthwhile contributions.</u>

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²² The CMO combinations detailed in these tables are clearly grounded in (a) the key POP texts and (b) the outcomes of the Realist Synthesis, but have rightly been amended following the 'on the ground' data collection – these CMOc tables may be valuable in supporting the implementation of POP across other settings.

6.3 Difficulty With, and Strengths of, the 'Tool'.

Though the predominant rationale for this current research project was to determine the underlying hypotheses / programme theories which 'triggered' mechanisms within a context (thus leading to desired outcomes, as above), it is an appropriate time now to discuss pragmatic difficulties faced with the POP model.

Although this was not the main objective for the focus group, the challenges with the model were offered freely and without prompt; therefore it can be inferred that the following challenges, the group felt, were important for me to be aware of. This is an additional, unplanned element of the current research and should be considered supplementary.

Predominantly the problems with the tools were poor integration with their existing processes, the rigidity of the measures used, and also the difficulties of the subjective nature of the model.

With regard to the integration of the tool, the staff felt that while they could objectively see the value, because they already had existing systems and processes, the POP tools did not amalgamate well with what they were doing currently. It worked in parallel, but was not embedded. The staff felt that this was justified as they still used the POP philosophy, but just not the associated 'paperwork'. They noted that if they were to complete a review or restructure of their existing tools that they may consider the POP instruments *in place* of what they used currently, but to attempt to 'tag on' the POP measures would not necessarily provide value compared to the labour required.

One significant problem that the staff did find with the practical elements of the model was that of rigidity. Fundamentally staff did not feel that LAC's complex problems could be fitted neatly within a structured framework: sometimes the challenges were longstanding, and not reducible to the reductionist methods that the POP programme may be perceived to emphasise. Further, they felt that there were difficulties in measuring progress made: on occasion the progress was not significant, and was fundamentally subjective to key workers' own views. Using the

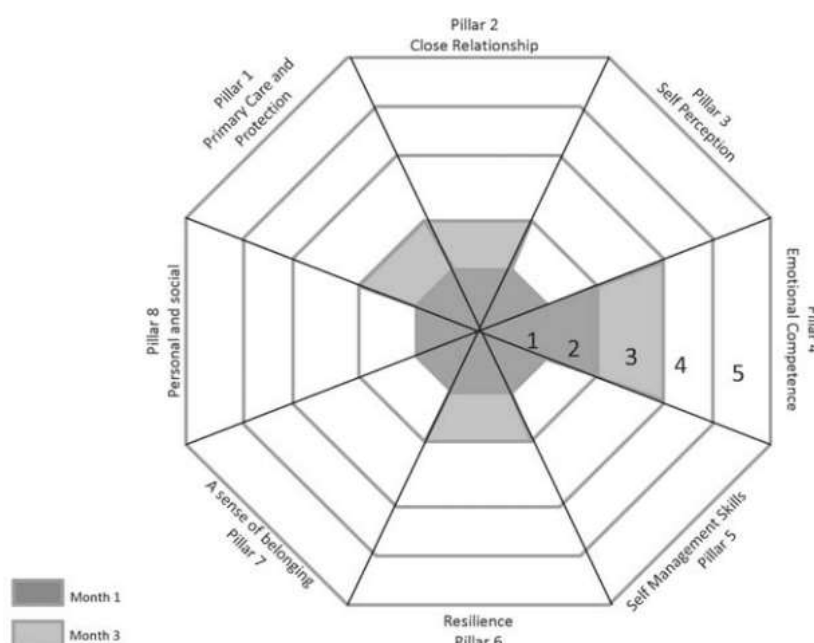
POP tools would imply that no progress had been made, and this was not necessarily a fair reflection on reality.

Overall, a concern was presented which related to the fundamental subjectivity of the process: while staff could see the value in the model, they felt universally that there was no rigour in the methodology. They viewed this as potentially a significant weakness of the model: is it therefore reasonable that these difficulties with the tool are considered a mechanism in-and-of itself?

Cobweb as Mechanism?

Broadly, as identified through the research process, an unanticipated theme emerged from the focus group and progress observations: staff working within the host setting did not feel the everyday monitoring tool (used broadly to measure developmental progress of the C&YP across a desired domain) was valuable in terms of supporting them in their day-to-day practice. This tool is provided as part of the holistic POP package, and necessarily warrants further attention:

Figure 35 showing the POP monitoring tool – the ‘cobweb’.



As can be seen in the above diagram, the 'tool' (known colloquially as the 'spider web' or 'cobweb'), relates directly to the eight domains/pillars. When, following a consultation session, the group determine which 'pillar' is going to be worked upon for the following fortnight, it is then up to the consultation group to determine a baseline rating for the C&YP in question.

Following intervention and support for that domain over the next two weeks (as determined through the consultation with the facilitating psychologist), when the consultation group meet again, a second 'rating' is given which, theoretically, allows the professional group to chart any progress noted over the preceding fortnight.

However, as is explained clearly in the final theme (Section 5.2.5), there is considerable dissatisfaction with this tool: not only does it appear to not correlate fully with the existing practices within the host setting, many practitioners felt that it was too subjective (e.g. Participant 1: *'You agree on a pillar, and it could really be, I mean sometimes you might have a choice between two or three pillars, in the end, what you're going to work with, and it's not a science, so, as much as you can get it right, you might get it wrong – because we all sit here, and we agree on a pillar don't we? It's not scientific is it?'*), but also that the reductionist nature of the tool might overshadow the subtle progress that is being made (Participant 1: *'[the cobwebs don't help with...] you know, if it was like a nuanced behaviour, like 'he's getting out of bed now', erm, or 'he's making a cup of tea now', but he's still kicking off'*).

Accordingly, some consideration is required as to what this finding might mean from a Realistic Evaluation perspective for the POP model.

As Realistic Evaluation is largely focused on the contextual and mechanistic factors of why a programme *may or may not* be successful (i.e. lead to desired outcomes), it is required that a critical perspective of the POP 'tool' is provided.

The evidence presented in this thesis might argue this to be true: in the host setting in which the research was conducted, the 'cobweb' was perceived as a barrier to the POP programme being successful - rather than an enabling mechanism, as intended by the programme authors.

Consequently, for this current research specifically, though considerable dissatisfaction was noted about the tool, the staff within the setting *chose* to not utilise this element of the POP programme – therefore it is difficult to say, in practical terms, whether it was a supportive or obstructive mechanism for this current case in question. However, given the *potential* for the POP tool to be a considerable mechanistic factor, it is important to incorporate it within one of the CMO tables; understandably, the next logical question is to which CMO table does it fit most appropriately?

It is my view, reinforced and underpinned by the data elicited through the focus group, that the POP spider-web is a potential mechanism which supports or obstructs the development of positive regard; simply, if practitioners are required to use the POP tools, there is a chance that the subtle, nuanced progress – only noticeable by staff who have a strong relationship with those C&YP in the setting – is missed or minimised.

More broadly, on face value when using the spider-web, it might *appear* diagrammatically as though there has been no progress made, however this might be refuted by the staff themselves and their perception of progress: staff might have ‘seen’ progress, yet find it difficult to quantify this through the ‘cobweb’.

Accordingly, the progress monitoring tool is a potential mechanism for the supporting or obstructing *positivity* within the setting, and thus fits neatly into the CMO table below.

As an objective of this research was to have validity for the host LA, a recommendation seems to emerge organically from this finding: to ensure that the cobweb reflects fully the sometimes small progress made by LAC in residential care, the tool needs to become more sophisticated at reflecting the, sometimes small or subjective progress made by children in care.

Figure 36 showing CMO table with potential 'mechanism' relating to the POP tool incorporated.

Programme Theory	Context	Mechanism	Outcome
Positive Regard and a Strengths-Based Approach	<ul style="list-style-type: none"> - Setting focuses on the <u>signature strengths and attributes</u> of C&YP. - <u>An ethos which looks for successes, however small.</u> - <u>Positive interactions permeate throughout daily practice.</u> - The setting is <u>supportive of challenges and presents a realistic appraisal of a young person's difficulties</u> (i.e. it's ok not to be the best at everything' approach) - Challenges faced are <u>refocused as opportunities for improvement.</u> - A setting which <u>supports 'failure' by emphasising that it's ok to fail; it's the response which determines character.</u> 	<ul style="list-style-type: none"> - <u>Children's own mechanism at determining their value and self-worth is triggered by staff highlighting their strengths.</u> - <u>A trusted relationship is developed.</u> - <u>Children able to recognise that their early adversity may not be an accurate appraisal of their value.</u> - <u>Less internalisation of difficulties; C&YP feel able to talk about challenges.</u> - <u>The 'cobweb', used to monitor and measure progress, is largely a blunt instrument which might not reflect fully the nuanced development of C&YP in residential care.</u> - <u>Staff remain cognisant that the quantifying of subtle behaviours through the cobweb might not reflect their experiences 'on the ground' and ensure that this does not encourage them to become disheartened when the 'cobweb' might not show the progress that may well be present.</u> 	<ul style="list-style-type: none"> - Children within the setting can <u>develop their self-esteem and positive self-image which may permeate through to other domains of their life. (this is clearly in line with a key philosophy of POP)</u> - Children are <u>able to 'handle' negative or difficult circumstances as they have now built up a more positive representation of themselves.</u> - View <u>themselves as valuable with worthwhile contributions.</u>

6.4 Discussion and Interpretation

As is the epistemological and ontological position of the current research, it is not a reasonable conclusion to suggest whether the POP model is the most appropriate method in supporting improved outcomes for the LAC population.

However, some assertions can be made with confidence which may assist the embedding of this framework across other settings:

- The opportunity for consultation with a practitioner psychologist is considered a universally positive experience, and a prominent theme is that this empowers staff to complete their role with greater efficacy and confidence – this **is** broadly in line with the underpinning programme theory of the model;
- Though an esoteric notion, the importance of relationships being authentic was viewed as fundamental to ensuring a positive care experience – this is **related** to the elicited programme theory of authentic emotional warmth, but does not correlate fully;
- Cognisance of the challenging pre-care circumstances experienced by LAC is important in the daily understanding of *why* they may exhibit such emotional, behavioural and social difficulties – this theme emerged strongly and **is** in line with the underpinning theory of the model, and;
- Adopting a 'strengths' based approach can be helpful in noting successes (however small) and building on them appropriately – again this is broadly in line with the authentic emotional warmth programme theory as outlined in chapter 3.

Overall, these findings are relatively parallel to those which emerged during the Realist Synthesis and are perhaps unsurprising; it is reassuring to observe that there is strong correlation with how the model *ought* to work 'in theory', and how professionals deem the model to be working 'in practice'.

Fundamentally, this research has provided an insight in to the ongoing complexities that are found when working with LAC, and highlights the endemic difficulties that

any initiatives and programmes have: the complex interplay between many different systems involved in the lives of individuals.

The POP programme appears to be valuable. It has some evident challenges, and could not be considered a complete framework for supporting all the difficulties that LAC face. However, this research presented here has demonstrated that the main strength of the model is that it provides an evidence based *lens* through which to view the daily challenges. This was both evident in research and in practice as being of considerable utility.

Ultimately it is not reasonable to suggest efficacy of the model: defining causality between the POP programme and improved outcomes would be tenuous at best. However, providing carers with a model on which to base their professional practice and decision making is evidently empowering and it is reasonable to suggest that this will support C&YP more comprehensively.

6.5 Limitations

The current study has, wherever possible, attempted to provide the reader with limitations on an ongoing basis (limitations of the RE position, Case Study design and Thematic Analysis process have been outlined in the previous chapters). However, at this point it is appropriate to provide more global limitations of the study.

Before considering the two main criticisms of the current paper, it is important to highlight that there are limitations inherent for all studies: however, for this present study a considerable limitation is the data coding process was completed by me in isolation.

While I endeavoured to check the validity of the themes by working with the POP participants, and completing my own POP session, the themes which emerge are largely still my own subjective interpretation. Though themes were discussed with both senior colleagues and supervisors, this provides confidence in the consistency of the method, but not a variety of 'perspectives' on the same dataset: when/if the method held in this paper is used in further studies of a similar nature, the coding of

data might involve using various professionals to confirm their reflectiveness of the dataset.

Case study: A reasonable argument was presented as to why a case study was chosen for this current research. However, for this particular study, it is worth considering one of the fundamental criticisms of case study design; the challenge of generalizability. Thomas (2004) suggests that it is not appropriate to criticise case studies for poor generalizability as that is not their fundamental aim; their aim is to provide a detailed investigation of one setting. Nevertheless, due to this long-standing concern, a number of case studies have been criticised for this reason (Yin, 2009).

However, due to the philosophical and epistemological nature of this current study, it arguably circumvents this criticism. Simply, the intention of this study was to 'uncover' the underlying theories that are present in the POP programme, and therefore social interventions *of the same nature*. While it is true that the findings of this research cannot be generalised, it could be argued that they provide further guidance for policy and/or programme designers in the future: the theories elicited through both the Realist Synthesis and 'real world' data collection may hold information as to the 'black box' (Pawson, 2013, p. xi) of interventions relating to improving care for C&YP.

As noted in the introduction, historic initiatives have been largely unsuccessful; investigating an alternative approach – as held in this current paper – has elicited some positive features, and perhaps provides programme makers with some confidence that empowering professionals is perhaps a more efficacious approach than developing policy and then prescribing changes to professional carers.

Broadly, while the 'findings' of this study are *context specific*, the underlying nature of the findings (the *programme theories*) may be more general: the results produced may offer 'theory' that can be transferred and adapted to the particulars of new and alternative contexts.

To elicit these underpinning features was the fundamental aim of the study, and, to some extents this has been achieved.

Realistic Evaluation: One of the key features of any study which adopts the Realist position is that the variable(s) of context must be considered: it is a central theme of this philosophy that, due to the shifting nature of a society in which an intervention is embedded, no two interventions operate in the same manner. This is often considered a strength of the approach.

Paradoxically, as suggest Timmins and Miller (2007), the very fluidity of social systems can mean it is often challenging to determine which features of a programme are 'contexts' and which are 'mechanisms'. A Doctoral thesis which utilised the RE approach concluded similarly: *'many of the identified programme theories were interconnected, and further complicated when an outcome of one programme theory could be a mechanism or a context for another'* (Crowley, 2013, p. 162)

It is challenging to mitigate these factors, though arguably as the process inherent in RE is iterative, it enables programme specifications to be reformulated as new evidence emerges (Timmins and Miller, 1997). It is hoped that this process is evident in the current paper; early hypotheses were reframed in light of emerging research, and arguably this reflects the changeable nature of society as a whole. The final CMOc combinations while arguably subjective *may well* reflect the current circumstances for the host setting in relation to the POP model. A different researcher may reach different conclusions: however, as the process undertaken for this current project was transparent, while it is not replicable, the reader can have confidence that methodological rigour was a priority throughout.²³

More fundamentally, as evidenced in earlier chapters, RE is pre-paradigmatic (Kuhn, 1965). The researcher is acutely aware of the criticisms of the epistemology, however, is also aware that in the formative stages of any approach, that critique is a necessary part of development. It is hoped the current study has contributed to this emerging domain.

²³ As an aside, it was not until very late in the research process that the Cameron & Maginn (2013) paper was uncovered: this required significant revisions to be undertaken relating both to my interpretation of the philosophy of the POP model and also the underlying programme theories. It is hoped that, due to how 'up-to-date' this piece of research was, that this current paper has contributed to an emerging domain of study and a closer approximation of 'truth'.

6.6 Recommendations

As mentioned in the initial chapter of this current research, it was important on both a professional and personal level that the findings had utility for the host LA, but also to support in the worthy endeavour of improving the lives of LAC. While in line with the epistemological and ontological position of the research it is not possible to comment on the efficacy of the programme under review, it is certainly realistic to offer recommendations of ways in which the findings can be used to inform practice going forward.

As part of the dissemination process, I met with key stakeholders who first indicated that the current research might be valuable. As part of this meeting I delivered a presentation ('public domain briefing') outlining the findings from the research (see slides), and encouraged discussion about potential next steps.

Interestingly at this gathering I was informed that a concurrent piece of research was also occurring in a similar way (The Child and Adolescent Mental Health – CAMHs – team and *their* 'input' to residential homes).

This concurrent research was mainly quantitative in nature and took a wider view of the consultation 'service' offered (as opposed to the case study of the current research). Outcomes of this research are yet to be presented.

For practice going forward, the CMOC tables provided earlier outlined considerations which may contribute to the 'triggering' of the inherent POP mechanisms; recommendations as to how these considerations are used, in practice, will be dependent upon the setting where the programme is being embedded. It is hoped, however, that the general principles provided in the CMOC tables are valuable for the host LA.

The results of this study (and CMO table recommendations) will be disseminated in two different ways: a short descriptive report outlining main findings and recommendations which will be delivered to the commissioners of this current study (as decided during the procedure to gain ethical approval for the current study), and also a presentation to key stakeholders and other professionals involved in the POP

process (this was completed shortly after the current study was finalised – see Appendix 23 for the 'Prezi' (presentation software) overview).

6.7 Reflections for the Educational Psychologist.

For the purposes of this current reflection, two themes are considered for future practice of EPs.

Realistic Evaluation

As noted previously, RE is an emerging framework for completing research; the finer details of the method are still to be established. Nevertheless, this current study has contributed both to the development of the technique (as far as I am aware, this is the first study to use RE within residential care contexts), but also more widely to the debate relating to the challenges of 'evaluating' complex programmes and initiatives (evaluating the *underlying theory* rather than *outcomes*)

RE can be a useful tool in the EPs' arsenal; though opting to complete evaluation using this framework should not be undertaken lightly. The 'time cost' of completing work from this perspective is considerable; this is primarily due to the potentially limitless number of contextual and mechanistic factors implicit within any intervention. It is for the intrepid researcher to separate those which are key to the programme working, and those which might be present but have a tertiary causal impact on the outcomes.

Necessarily, this requires subjective judgment and leaves many opportunities for scepticism and criticism. While steps can be taken to minimise this (some tactics for reducing threats to validity and robustness were outlined earlier in the paper, e.g. systematic reviewing of 'key' programme texts, and completing a robust Realistic synthesis), ultimately there remains a considerable bias from the researcher in any results presented. This is highlighted not to discourage others from using this approach, more so to emphasise the need to be reflective and to understand the limitations of the 'findings' of research of this nature.

Work with Looked-After Children

LAC have, more often than not, complex circumstances. They frequently present with challenges that are squarely within the professional remit of EPs; however, this, from my point of view, is not reflected within the literature.

While it would not be fair to say that there is a gap in the research, it would be defensible to suggest that there is perhaps a need for EPs to become more embedded and involved in work for this population. Indeed Norwich et al (2010) in their review of EPs work with LAC suggest:

'For most EPs not specialising in this area, their involvement [with LAC] was seen as a relatively small part of their overall work'.

(p. 387)

If this paper could be seen to have an overall philosophical recommendation, it would be for EPs to consider that many skills that they have developed via training (e.g. consultation, formulation, developing interventions) would likely be valuable in improving outcomes for LAC across many domains. While there might be recognised professional tensions in relation to exactly *what* an EP can contribute (again noted in Norwich et al., 2010), this should not be a barrier in attempting to develop collaborative working practices with other professionals and using them to strengthen the much needed services available to vulnerable C&YP.

Final Words on the Project

This small scale project has become somewhat of a labour of love. Though the information provided at the beginning of the project suggested a rather bleak picture of the current circumstances for LAC, I have been heartened to view the dedication, commitment and spirit of those who have willingly entered in to the, often challenging, role of corporate parenting.

Though there are a number of limitations for this current project in terms of generalizability, it is hoped that the information held within these pages can be useful if the POP approach is used in other settings; more importantly, the themes

elicited can give some insight into both the factors which facilitate the POP being a 'success', but also key considerations which can undermine the utility of the approach.

Fundamentally, the value of this model, or any other model embedded within complex social situations, is contingent on the willingness of participants to 'buy in' to the underlying philosophies and then work within the framework provided; though the literature review for the current project highlighted some limitations with regard to the model's theoretical and empirical foundations, ultimately the POP process provides a lens for considering the oft complex challenges that care workers are presented with on a daily basis.

Finally, it must be stressed that, above all, the success of any programme which includes professional collaboration is reliant on the interpersonal relationships between all those involved. The POP framework stresses the importance of staff nurturing *their own* wellbeing alongside that of the C&YP with whom they work: any model which safeguards time for professional reflection is likely to be valuable in ensuring perpetual development of a service that is crucial for our countries most vulnerable and disadvantaged C&YP.

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Appendix 1: Qualitative Description of Research Journey and Structure

Chapter 1: The primary focus of this chapter is to provide for the reader a summary of the main underpinning facets of the present research paper:

- the identity and philosophical orientation of the researcher and the context in which the investigation was completed,
- an overview of the project negotiation phase,
- a brief introduction to the social programme at the heart of the research,

and a detailed appraisal of the wider contextual circumstances that should be noted when working with LAC, including recent Government initiatives which have ultimately bore little fruit in regards to improving outcomes for this population.

Once the reader is familiar with the overarching background context, it is important to situate the current research within a philosophical and conceptual framework. Ultimately this is the role of Chapter 2.

Chapter 2: The aim of this chapter is to familiarise the reader with the ontological, epistemological and philosophical orientation of the research through providing:

- justification and rationale for adopting a Realist position, and for selecting 'Realistic Evaluation' (RE) as the investigation method, and
- a summary of the key principals of RE and any relevant critiques.

Once the framework for investigation is outlined, this chapter turns its attention to providing a defence for the adoption of a 'Realist Synthesis' (RS) rather than a typical systematic review: an introduction to the notion of the RS and how this differs from other techniques to investigate and appraise existing research is provided.

Chapter 3: In this chapter, a detailed appraisal of the programme under study, '*Pillars of Parenting*' (POP) (Cameron and Maginn, 2009), is provided through investigation of the key underlying principals and central themes: this process is completed to derive the underlying 'programme theories' (hypotheses) of the POP model in line with the Realist position.

Once these hypotheses have been established, they are then 'tested' initially through the RS literature review. To ensure that this RS is valid in terms of 'following' the RE philosophical, epistemological and ontological stance, relevant 'programme theories' are derived from the literature and then framed through Context (C), Mechanisms (M), and Outcome (O) configurations. It is these CMO configurations which are to be investigated through the practical data collection process.

Chapter 4: This begins the procedure of providing for the reader the practical framework and methods utilised for investigation. This covers methodological, ethical and pragmatic considerations when developing tools to investigate programme theories in line with RE. The overall aim of this chapter is to ensure the reader is aware of the 'methods and tools' developed and used to collect data, and the considerations made to ensure that they were applicable and valid for the topic in question. A summary of the data collection process is also provided.

Chapter 5: Broadly this chapter deals with the findings of the research, including the acceptance or rejection of the proposed programme theories. This offers the reader evidence, or lack thereof, of the existence of the programme theories when the current research is considered: these findings are related to the contextual (C) and mechanistic (M) factors outlined in chapter 3; are the proposed factors 'valid' in a 'real-world' setting?

Chapter 6: This concluding chapter provides reflections on the research process, including the limitations of the study, and a discussion of the findings, before outlining recommendations for the development of practice more widely. Finally, consideration is given to the role of the educational psychologist in working with the

looked-after population, and how this might be developed moving forward, following outcomes from the current research.

Appendix 2: showing The 'Pillars of Parenting' Consultation Session Framework
(Cameron & Maginn, 2009)



CONSULTANT'S NOTES

Consultation at:	Date:
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Present:
Apologies:

Up-date on:

Priority problem for discussion:

Agreed actions by staff

Parenting needs of child or young person and agreed staff action
<u>Pillar number:</u>
<u>Description:</u>
<u>Agreed staff action to support this pillar</u>

Character strengths of the child or young person
<u>Agreed staff action to support the use of these strengths</u>

Any other staff issues discussed or mentioned today?

Name of Consultant:
Psychologist and Pillars of Parenting Consultant

SC/HG/PoP/11/2/10

Appendix 3: Outcomes for LAC and the 'Problems' with 'Outcome Measures'

One frequent approach (Coman & Devaney, 2011) to highlighting the 'impact' of care is through 'outcome' measures: *'as outcomes have become the benchmark of change, what is measured and how it is measured have become key issues'* (p.39).

Unsurprisingly, there are a number of influences that can (and often do) impact outcomes for LAC, and this is commonly acknowledged (e.g. Horwath, 2009). Predictably, many of these influences may be considered a consequence of historic challenges and experiences (trauma, abuse, etc. – Coman & Devaney, 2011).

However, if the care provided, developed to reduce the impact of these early experiences, is of poor quality, these challenges may persist. Nevertheless, if one were to consider 'outcomes' in isolation, across many domains, the picture for LAC would appear bleak; nevertheless there are elements of complexity which must be considered so to provide a *balanced* appraisal.

Education

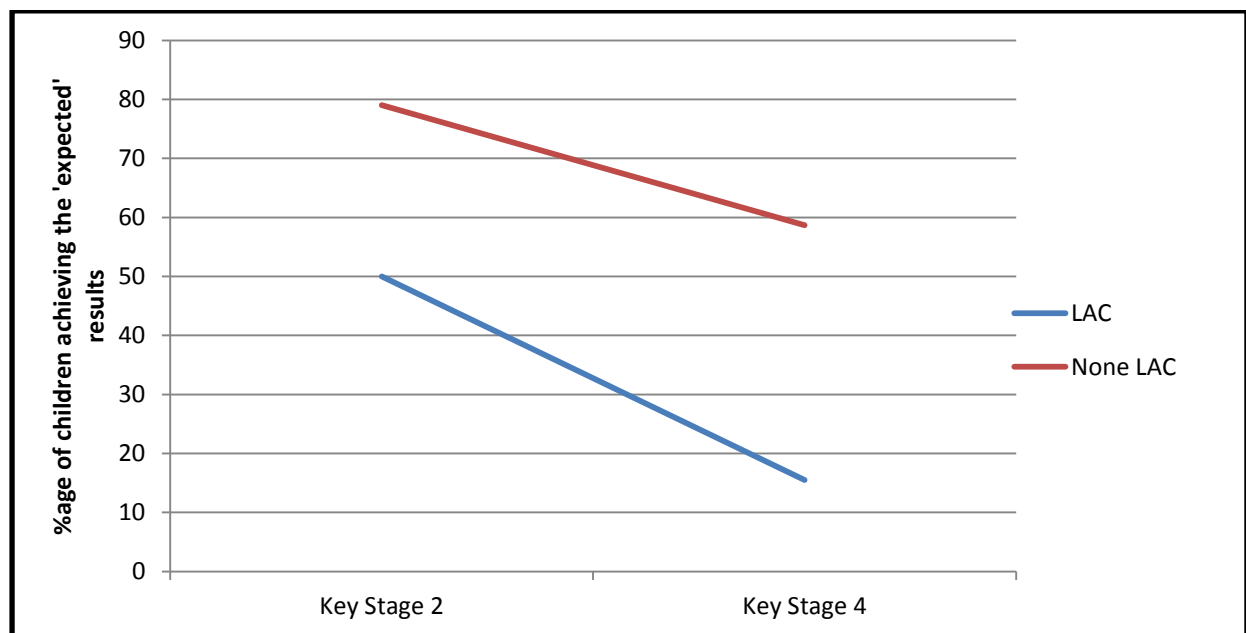
The underachievement of LAC in educational domains was first highlighted by researchers in the 1960s (Pringle, 1965; Ferguson, 1966), but it was not until some years later (Jackson, 1987) that this domain was given attention by policy makers or practitioners (Harker et al, 2004). Since this time, the domain of 'education' for LAC has been highlighted considerably (Gallagher et al, 2004, p. 1134).

Even so, at the end of 2011, individuals who had resided in LA care for at least six months achieved academic results which were significantly behind their peers, and these outcomes deteriorated over the course of the educational experience.

At Key Stage 1 (aged 6), 65% of LAC achieved the '*expected*' level in reading and 71% achieved the '*expected*' level in mathematics. Following Key Stage 2 (age 11)

53% achieved the expected level in English, and 52% in mathematics (DfE, March 2013).

At Key Stage 3/4 the findings become increasingly more troubling: 13% of pupils achieved the expected five GCSE (or equivalent) A* - C grades:



There are competing hypotheses which attempt to understand why the domain of education appears to be so significantly affected by being in care: *'adverse early experiences before coming in to care, poor corporate parenting, poor care environments, a lack of educational priorities for these children, inappropriate expectations, placement instability and disrupted school patterns'* (Norwich et al, 2010, p. 376).

Indeed, much research is present which investigates a number of these hypotheses, each finding potential explanations as to why such poor outcomes are present:

Expectations of teachers and carers being poor and limiting	Dent & Cameron, 2003; Harker et al., 2004
Emphasising social care or behavioural needs over academic achievement	Jackson et al., 2006
Restricted communication between professionals from education and social-care domains	Dent & Cameron, 2003; Harker et al, 2004)
A lack of teacher 'awareness' of LAC and their likely traumatic developmental history and ongoing additional educational needs	Dent & Cameron, 2003; Harker et al., 2004
A lack of 'educational focus' in care placements	McClung & Gayle, 2010
Placement moves or changes and/or other disruptions to learning	O' Sullivan & Westerman, 2007

While these many hypotheses are present it is important to be sceptical of any research which attributes poor educational achievements to a single causal feature:

'Analyses and explanations by researchers, policy-makers, professionals and the media of the low academic achievement of LAC have often been insufficient or simplistic.'

(Berridge, 2007, p. 3)

That is, the majority of available research rarely offers a holistic, societal perspective of why educational achievement remains stubbornly poor: there may be fundamental difficulties with the utility of statistical inferences, and the notion of 'underachievement' may be confusing and unhelpful (Smith, 2003). 'Official' figures relating to LAC underachievement may be variable depending upon their interpretation (Berridge, 2007), potential 'gaps' in the data and inconsistency of

data-collection or fidelity to the method (Witzel, 2004), and inaccurate reporting due to 'pressure' of progress indicators (Goldacre, 2011). These prompt the sceptical researcher to be cautious at taking official statistics at 'face value'

Not only this, the conceptualisation of 'underachievement' is precarious: though LAC are often seen as underachieving, in comparison to 'what' (or whom) is rarely acknowledged (Berridge, 2007).

More plainly, if the implied comparison is with the general school-age population, given the patent heterogeneity of the LAC population, alongside their clearly challenging circumstances, some argue that this comparison is invalid (Smith, 2003); evaluations against other disadvantaged populations would seem a more reasonable comparator, though even this might be misleading due to the very unique circumstances for LAC (Berridge, 2007):

'Official statistics on the educational achievement of LAC are misleading and misunderstood'

(Berridge *et al.*, 2008, p. 179)

Given this variable picture, caution must be heeded when considering outcome measures for educational attainment.

Attachment

Early experience of attachment relationships, positive or otherwise, may act as a template for C&YP in developing internal representations of themselves and others that they can use as a framework for future relationships (Rostill & Myatt, 2005).

Given the often difficult circumstances that LAC have faced in their formative years, it follows that they are more likely to have experienced weak or disrupted attachments (Howe & Fearnley, 2003). It is therefore unsurprising, from an 'attachment theory' perspective, that a number of these C&YP also subsequently

exhibit behaviours indicative of poorly formed attachments, and it is likely that these early experiences will have a negative impact on the progression of 'healthy' relationships throughout their development (primarily in terms of building and maintaining relationships - Cicchetti & Toth, 2003). Many LAC are also at a significantly greater risk of being diagnosed with an attachment disorder (Meltzer et al., 2003). It might be that the precedent is set via formative experiences *before* children enter care with care being an opportunity to negate these early difficulties.

'In care' experience, particularly stability of placements, can have a significant impact on whether these challenging early experiences remain relevant throughout a child's development; care quality can play a vital role in supporting the development of more positive attachments (Stein, 2005).

Physical Health

LAC have identical physical health needs to other children not looked after by the LA, however their background circumstances, pre- and in-care experiences can affect physical health outcomes.

There are competing hypotheses available to explain this finding, however it is likely that due to the higher proportion of school moves and 'placement' changes, that routine medical appointments, vaccinations, 'check-ups' and educational opportunities related to health (i.e. sexual education) are not followed consistently (MacAuley, 2004).

Mental Health

LAC are significantly more likely to have involvement with a psychologist at some point throughout their childhood (Evans, 2000) and are more likely (45%) to have a clinically diagnosable mental health condition at some point throughout their lives (Ford et al, 2007): it is a long and well established position that LAC have

disproportionately high prevalence rates of mental health difficulties (Meltzer et al., 2003; Richardson & Lelliott, 2003) and that their outcomes continue to be considerably worse than peers not looked after (DCSF, 2009) where the reported prevalence is approximately 10% (Meltzer et al, 2003).

At 31 March 2013, there were 68,110 LAC in England (DfE, 2013); the reported prevalence rates for mental health difficulties would suggest that approximately 27,000 of these young people would have a mental health '*disorder*' consistent with guidelines from the Diagnostic and Statistical Manual, 4th edition text revision (2010). However, as Aslam (2012) suggests in her Doctoral thesis:

"Much of the information cited about LAC [and mental health difficulties] uses a positivist approach which produces figures and percentages in order to generate and meet government-led targets. The data that these positivist studies create is subject to interpretation by the authors who, in many cases, were writing reports to inform government policy and guidance."

(Aslam, 2012, p.29)

As such, there is some uncertainty about the role that care plays in protecting against or facilitating the development of mental health difficulties in the LAC population, but it is well documented that LAC demonstrate mental health needs greater than their peers (Meltzer, 2003)

Involvement in crime and substance misuse:

McAuley et al (2006) identified that LAC are three times more likely to receive a police caution, and/or be convicted of an offence than children not looked after by the LA. In addition, LAC that leave care are more than twice as likely to receive a custodial sentence, and 88 times more likely to have difficulties with substance misuse than have not been involved with the care system (Jackson & Simon, 2005).

It has been suggested, however, that the other factors as listed in this current section may contribute to involvement in crime and substance misuse rather than as a causal result of care (Blade et al, 2011).

Appendix 4: Showing 'Historic' Government Initiatives.

'Every Child Matters' (2003): This initiative, prompted by findings from the Laming inquiry (2003) commissioned following the death of Victoria Climbié, devised five specific outcomes that each child should achieve during development: being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being.

Children in local authority care were targeted specifically for additional support, and local authorities were given guidance as to how best to safeguard these 5 outcomes for children in care.

'Choice Protects' (2003): a government initiative providing specific ring fenced grant income to assist councils in commissioning and delivering effective services for their looked after children with a specific emphasis on fostering services.

'Care Matters' (2006): a report outlining particular domains within the care system, their current circumstances of operation, and proposals to reform and develop practice further. The domains specifically targeted were: The role of the corporate parent; Children on the 'edge' of care; 'better placements'; a first class education; life outside school and the transition to adult life.

Appendix 5: showing the steps to surfacing programme theories.

Process	Operation
<i>Step 1: Elicit and 'surface' underlying programme theories</i>	<ul style="list-style-type: none"> - At this point, programme theories are 'easily spotted' and are best elicited from closely analysing programme documentation, guidance, regulations, etc. from the programme creators.
<i>Step 2: Map and select the theories to put to Realist Synthesis</i>	<ul style="list-style-type: none"> - Once proposed programme theories have been elicited, the researcher must select the most prominent / crucial theories to 'test' via research (Realist synthesis).
<i>Step 3: Formalising the theories to 'test'</i>	<ul style="list-style-type: none"> - After eliciting, mapping and selecting programme theories, the next step is to 'formalise' them. - Each theory needs to be transformed into a 'propositional form', as hypotheses suitable for empirical research
<i>Step 4: Data Collection and Analysis</i>	<ul style="list-style-type: none"> - Data collection and analysis follows an empirical research (qualitative and quantitative), - Experimental and non-experimental techniques) can be used in order to understand, test and refine programme theories.

Appendix 6 showing: A Note on Complexity for Realist Synthesis

'[With realist syntheses] it is more of a matter of conceptual tidiness. Articulating the theories that are embedded within interventions provides a way of recognising their complexity and then finding an analytic strategy to cut into that complexity'

(Pawson et al, 2004)

Given that RS approach literature with a view to including research from a variety of sources (including 'grey' literature: *'that which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers'* (GL '99 conference)) it is likely that there will be a significant amount of potential research streams; perhaps overwhelmingly so.

In many key texts which consider realist syntheses, this is conceptualised as the 'swamp' (Pawson et al, 2004). This illustration is useful as it emphasises the possibility of a researcher attempting to appraise too much literature and becoming figuratively 'bogged down' in the mire.

"Unlike some of the natural sciences, we cannot isolate out components and examine them under controlled conditions. We therefore have to rely on abstraction and careful conceptualization, on attempting to abstract out the various components or influences in our heads, and only when we have done this and considered how they combine and interact can we expect to return to the concrete, many-sided object and make sense of it."

(Sayer, 2000, p19)

To ensure that the current synthesis does not succumb to this hazard, one particular consideration is required by the researcher: there is a limit to how much territory can be covered by a realist synthesis.

As 'an intervention may have multiple stages, each with its associated theory, and endless permutations of individual, interpersonal, institutional and infra-structural settings' (Pawson et al, 2004, p. 11) the amount of literature related to the theories in question is potentially limitless and this may be detrimental to the overall clarity of the 'findings'.

To circumvent this threat, the synthesis followed the four stages adapted from Pawson et al (2004), to ensure that research included in the synthesis is *relevant* to the programme theories in question.

A transparent picture of search strategies and terms is also provided so that the entire process is replicable.

The Four Stages of Realist Synthesis

Stage number	Qualitative description of process
1	An initial search for context so that the researcher can get a 'feel' for the literature: <i>'This is almost the very first thing the reviewer should do.'</i> (Pawson et al, 2004, p. 19)
2	A search to uncover any patent programme theories (hypotheses).
3	A search for in relevant literature to 'test' these hypotheses from primary sources: <i>'This is in some senses the 'search' proper, in which the reviewer has 'moved on' from browsing'</i> (p. 19)
4	Final searches to pursue 'supplementary' studies that could refine or support the proposed programme theories that were analysed during synthesis. (If required)

Appendix 7: Showing Search Strategies (*Boolean Search Terms):

Figure 27: Showing The 'Search Strategy'

Databases	Domain / Underpinning Programme Theory	Search Terms	No' of ²⁴ reference s identified year ≥ 2000	No' of references relevant to study
Sci-Verse Science Direct (Elsevier)	Parental Acceptance – Rejection Theory	'Parental Acceptance Rejection Theory'	3334	14
Taylor and Francis Online Journals		'Parental Acceptance Rejection AND children'	2329	7
ERIC (U.S Dept. of Education)		'Parenting Programme (s) AND residential care OR children.'	188	6
SAGE Journals	Authentic Warmth Approach (response to trauma)	'Authentic Warmth AND children'	2044	1
		'Character Strengths AND children'	5104	4
		'Positive Psychology AND looked after children'	138	4
		'Adaptive Emotional Development' AND 'trauma'	2651	7
	Staff Empowerment in Residential Care Settings through (Psychological) Consultation	'Psychological Consultation in Children's homes'	4299	3
		'Educational AND/OR Psychologists + Looked After Children'	1401	7
		Educational AND/OR Psychologist + Empower(ing) and (ment): empower*	3001	3
		(n.b. for this search the Birmingham E-thesis repository was included in the 'collections' searched as a number of recent theses had touched upon this topic)		

²⁴ Papers were included or discarded on the basis of (a) being distinct (i.e. not 'updated' versions of previous papers, (b) directly addressing the topics desired (i.e. while some papers may have mentioned 'signature strengths', only the papers where the topic was the main focus of the study were included) and (c) a final review of identified papers to affirm methodological robustness (insofar as is possible with largely theoretical constructs) and applicability for the current study.

Appendix 8: Example(s) of the Search Strategy Protocol

Any ▼	contains ▼	educational psychologists empower*	Material Type:	All items ▼
Any ▼	contains ▼		Language:	English ▼
Any ▼	contains ▼		Date Range:	2000 - 2014
			Search Scope:	Everything ▼

[Search](#) [Simple Search](#)

Results 1 - 10 of 138 for Everything

Sorted by: Relevance ▼

Refined by: date: >= 2000 X subject: Children X

collection: SAGE Journals X Taylor & Francis Online - Journals X SciVerse ScienceDirect (Elsevier) X ERIC (U.S. Dept. of Education) X

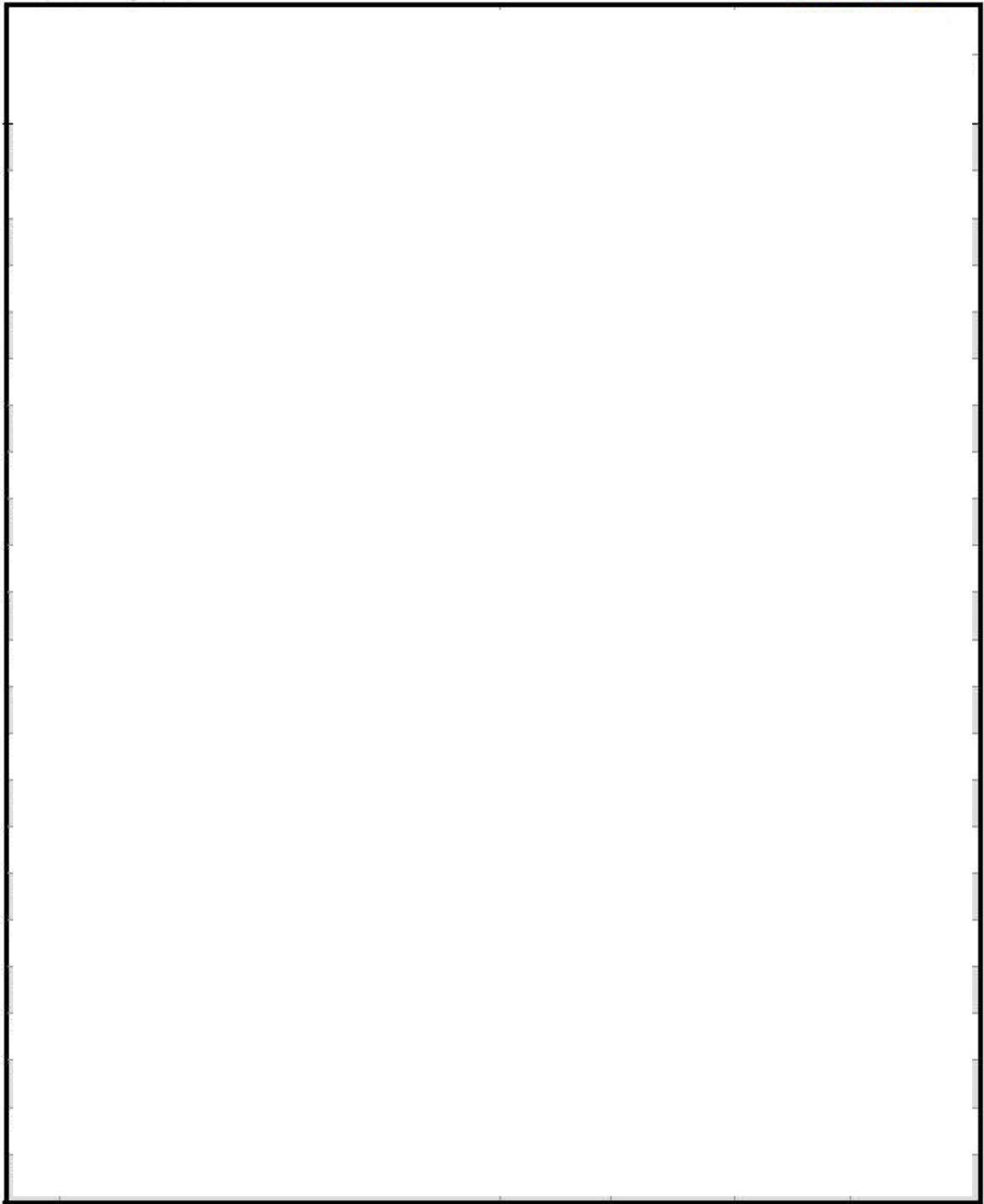
- 

☆ **Moral Competence and Character Strengths among Adolescents: The Development and Validation of the Values in Action Inventory of Strengths for Youth**
Park, Nansook ; Peterson, Christopher
Journal of Adolescence, 2006, Vol.29(6), p.891-909 [Peer Reviewed Journal]
Article [View all versions](#)
- 

☆ **Investigating the development of temperament and character in school-aged children using a self-report measure**
Urgesi, Cosimo ; Romanò, Manola ; Fornasari, Livia ; Brambilla, Paolo ; Fabbro, Franco
Comprehensive Psychiatry, 2012, Vol.53(6), pp.875-883 [Peer Reviewed Journal]
Article [View all versions](#)
- 

☆ **An Examination of Exposure to Traumatic Events and Symptoms and Strengths for Children Served in a Behavioral Health System of Care**
Whitson, Melissa L ; Connell, Christian M ; Bernard, Stanley ; Kaufman, Joy S
Journal of Emotional and Behavioral Disorders, 2012, Vol.20(3), pp.193-207 [Peer Reviewed Journal]
Article [View all versions](#)

Appendix 9: Showing The PARQ from Rohner (2004)



Appendix 10: Showing The 8 Pillars from Cameron & Maginn's Model (2009)

Pillar No'	Qualitative Description.
<p>Pillar 1: Primary Care and Protection (<u>Maslow, 1971</u>)</p> <p>Pillar 2: Encouraging Secure Attachment and Building Warm Relationships (<u>Zeigenhain, 2004</u>)</p> <p>Pillar 3: Promoting Positive Self-Perception (<u>Burnett, 1999; Elmer, 2001</u>)</p> <p>Pillar 4: Ensuring a Sense of Belonging (<u>Saarni, 1999</u>)</p> <p>Pillar 5: Enhancing Resilience (<u>Lewis and Frydenberg, 2002; Zimmerman, 1998</u>)</p> <p>Pillar 6: Teaching Self-Management Skills (<u>Dent and Cameron, 2003</u>)</p> <p>Pillar 7: Improving Emotional Competence (<u>Baumeister, 2005</u>)</p> <p>Pillar 8: Developing Personal and Social Responsibility (<u>Carpendale and Lewis, 2006</u>)</p>	<p>Compassion to a child's fundamental needs demonstrates to the child that practitioners 'care' and that they are important and valued.</p> <p>Secure attachment might act as a safeguard against the children experiencing or reinforcing rejection.</p> <p>Encouraging reflection and providing support in developing a positive self-image.</p> <p>Developing feelings of attachment and belonging within the setting / school / wider community.</p> <p>Encouraging a developing understanding of the ebb and flow of life (Insight), promote understanding of others (empathy) and provide experiences often denied to others who have experienced negative life events (achievement).</p> <p>Promote self-awareness and self-management skills to safeguard against inappropriate behaviour when enticing or compelling outside factors try to intrude.</p> <p>Appropriate development of relationships outside the family, develop positive management of emotions and their regulation</p> <p>Fundamentally personal and social responsibility means being able to co-ordinate one's own perspective with that of others and behaving with thoughtfulness and/or fairness.</p>

Appendix 11: Showing Strengths and Limitations of Case Studies

Strengths of Case Study	How is this applicable to the current research?
1) <i>They can help us understand complex inter-relationships</i>	<p>One of the inherent characteristics of case studies is that they operate with narrow and restricted focus; a significant rationale for this is that it facilitates detailed, in depth understanding of what is to be studied.</p> <p>This 'restriction' allows the researcher to investigate many facets of the case under investigation: for the current research this is appropriate as the programme in question is embedded within a complex setting, and thus many interrelated contextual factors are present.</p> <p>An in-depth analysis of this allows for the 'uncovering' of contextual or mechanistic factors in line with Realistic Evaluation.</p>
2) <i>Case Studies are grounded in "lived reality"</i>	<p>It is a truism that many of the methods involved typically in social research 'simplify' the phenomena under examination.</p> <p>Case studies, however, can '<i>relate to this in ways that strongly narrate the experiences of individuals, small groups, or organizations. They retain more of the "noise" of real life than many other types of research.</i>' (p. 4)</p> <p>The social programme under question in the current research exists and operates within a 'real life' context and thus completing the investigation while retaining the 'noise' of the real world context can present a more accurate picture of the phenomena in question.</p>
3) <i>Case studies facilitate the exploration of the unexpected and unusual</i>	<p>Case study research can highlight significant issues that were unexpected when the research began.</p> <p>As case-study research is often exploratory, there is the 'freedom' to uncover artifacts and variables which may not have been accounted for earlier.</p> <p>For the current research, and in line with the philosophy of realistic evaluation, there may be evident or hidden contextual or mechanistic factors which are present 'in reality' but were not expected 'in theory'.</p>
4) <i>Case studies can show the processes involved in causal relationships</i>	<p>The depth and complexity of case study data can illuminate the ways in which such correlated factors influence each other.</p> <p>There are likely to be causal factors which are evident through an in-depth piece of work which may not have</p>

	<p>emerged through more tertiary methods.</p> <p>As the current study is orientated toward the 'realist' philosophy which suggests that social reality is made up of causal factors which impact any outcomes of an intervention, it is reasonable that a case-study framework is appropriate for the current study.</p>
5) <i>Case studies can facilitate rich conceptual/theoretical development</i>	<p>Given the advantages of case study designs as outlined thus far, it is logical that they provide the researcher with significant data which can facilitate conceptual and theoretical development: existing 'theories' can be investigated 'in practice' and this can help support the current theoretical understanding relating to a programme, while also supporting in the development of novel hypotheses</p> <p>For the current study, though the research was situated within a robust theoretical and conceptual framework, there was a chance that additional, perhaps unanticipated, hypotheses might be elicited.</p>
Limitations of case studies	How managed in current study?
1) <i>There is too much data for easy analysis.</i>	<p>Without robust and meticulous study design, it is possible that data elicited is overwhelming in quantity.</p> <p>To circumvent this, the current study ensured that any work was semi-structured: participants could talk freely within the framework offered by the researcher. Semi-structured data collection methods are guided by specific themes which the researcher wishes to cover, but the practical data collection process is largely guided by the emergent discourse (Fontana & Frey, 2000)</p>
2) <i>Very expensive, if attempted on a large scale</i>	<p>Data analysis from case studies can be expensive and time-consuming: as above, by time-limiting the data streams there were 'boundaries' on the amount of data that would be generated.</p> <p>This would reduce the data-analysis 'time cost'.</p>
3) <i>The complexity examined is difficult to represent simply</i>	<p>When case studies are successful in revealing some of the complexities of social programmes, there is often a problem of representation; simply it is challenging to reduce the inherent complexity in a programme in an accessible and realistic manner.</p> <p>As the current research adopted a realist position and outlined CMO configurations derived from research, this provided a structured framework of investigation without being overwhelmed with the limitless nuance of the programme under investigation.</p>

4) <i>They do not lend themselves to numerical representation</i>	There are challenges in presenting case-study data in quantitative formats. As the current study was qualitative in nature, this was not a pressing concern.
5) <i>They are not generalisable in the conventional sense</i>	As outlined already in this section, it is not (and was not) necessary to derive generalisations from the data. The phenomenon under study was context-specific and thus correlated appropriately with a case-study design. When feeding back the findings from this study, it will be important to stress that while there may be some similarities across settings, given the epistemological stance of the research, each setting is likely to have its own contextual and mechanistic circumstances
6) <i>They are strongest when researcher expertise and intuition are maximised, but this raises doubts about their "objectivity"</i>	<p>Researcher bias and subjectivity is often present in case study designs: I, as researcher, decided on the questions to ask, how to interpret the data, and which data I decided to report. Consequently, a different researcher may present contrasting findings. Though this can be negated somewhat with a co-researcher, this adds additional complexity in terms of research design and time-scale required.</p> <p>For the current study: as this was the first holistic investigation of the Pillars of Parenting programme , the potential for researcher subjectivity impacting the results (as mentioned from the outset) was considerable. However, as this research was exploratory and grounded within robust literature, arguably these concerns have been minimised as much as possible, though they will be considered further in the 'limitations' of the study presented in the final chapter.</p>

Appendix 12: Showing the Ethical Considerations for the Current Project

Ethical Concern	Considerations
Recruitment	<p>Staff approached firstly by a senior educational psychologist to have an initial discussion about the purposes, broad remit and nature of the proposed research.</p> <p>To ensure that members of staff who work in the home do indeed offer their freely given consent for participation, free from conformist pressures or any sense of having been coerced into becoming involved in the study by managers, I sought consent from each member of staff individually via letter. Participants were asked whether they consented to:</p> <p>(a) being involved in the recorded observation AND the focus group;</p> <p>(b) JUST being involved in the recorded observation; or</p> <p>(c) JUST being involved in the focus group.</p> <p>They will also be asked if they consent to have the observed consultation meetings and / or the focus group audio recorded.</p> <p>I will emphasise that there will be no pressure from senior staff in the home to contribute to the study, and no penalties should any staff member decline to participate. Participants will 'opt in': participation in the study is to be entirely voluntary.</p>
Consent	<p>There was no obligation for staff working within the setting to consent to being involved.</p> <p>Participants were informed:</p> <ul style="list-style-type: none"> - who will own the data created in the course of the research; - the format in which the data will be stored; - who will have access to the data; - the length of time for which data will be stored; - the purposes for which the data will be used; and, - who will own the final results of the research, to whom the findings will be communicated and in what form. <p>- NB: The research does not involve work with children or vulnerable adults.</p>
Participant Feedback	<p>An additional report was produced which outlines the findings clearly, and any suggested 'next steps'.</p>

	<p>This will be made available to:</p> <ul style="list-style-type: none"> - all of the research participants, including the senior educational psychologist involved in the consultation procedure within this children's home; - the manager of the children's home; and - the Principal Educational Psychologist who commissioned the research. <p>A public domain briefing is also to be completed to ensure that all participants are aware of the study's outcomes.</p>
Participant Withdrawal	<p>Participants, when first contacted, were informed clearly that they had the right to withdraw prior to or during the focus group interview. Participants will be informed that, should they remain part of the focus group for its duration, their data cannot then be withdrawn (since it will not be viable to identify individual contributions within the focus group recording).</p> <p>Broadly, I:</p> <ul style="list-style-type: none"> - informed participants of the purpose of the research; - ensured that there are no negative or unforeseen consequences of the procedures by receiving close supervision on the development – and thorough appraisal – of data gathering tools and plans for implementation and recording of the focus group interview; - endeavoured to ensure that participants leave in 'a frame of mind that is at least as sound as when they entered.' (Aronson 1999). In pursuit of this aim, I offered all participants a robust debrief opportunity, and sign-posted to further post-interview support in the event that this appears necessary, and;
Confidentiality and Anonymity	<p>Although confidentiality was be safeguarded with absolute rigour, anonymity could not be offered as participants were engaging in face-to-face activity with one-another in both the observed consultation sessions and in the focus group, where they were also be interacting directly with me, in my role as researcher.</p> <p>To safeguard confidentiality, I guaranteed a number of levels of protection were in place:</p> <ul style="list-style-type: none"> - the use of pseudonyms and/or unidentifiable labels in all written records; - changing the reported characteristics of participants, and; - encrypting identifiable data and using locked/restricted access physical and/or digital filing systems.

Storage, access and disposal of data	Creating a secure 'back-up' of both physical and digital information in alternative locations; and retention of the original transcripts / recordings in secure storage, for a ten year period, in accordance with the University's retention policy (Section 3, of the 2013-14 Code of Practice for Research).
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Appendix 13: Showing Theme 1 Outcomes

Supporting and Empowering Staff via Consultation	Psychologists offer strategies	Strategies 'donated'
		Strategies 'co-constructed'
	Opportunity for staff to communicate and respite	'Joining up' of disparate shift patterns.
		Opportunity for staff to 'reflect' together
		Care work is not always rosy - discussion of work day life
	Psychologists clarify nature of problem	Who, what, where, when, why, how?
		Open ended questions to facilitate discussion
Confidence building		Facilitator can support staff confidence at approaching problems
		Staff 'skilled up' by psychological consultation - staff able to make 'good' parenting decisions
		Psychologist not 'expert' but instead 'sounding board' for ideas.

Appendix 14: Showing Theme 2 Outcomes

The importance of authentic relationships

Authentic emotional response

Honest, 'motherly' relationship

Genuine concern for a young person's wellbeing

Empathy / Sympathy

Empathy and/or sympathy with EARLY life experiences

Empathy and/or sympathy with ONGOING difficulties

Positive modelling

Demonstrate 'positive' relationship with staff and young people

Clear, appropriate and reasonable boundaries

Appendix 15: Showing Theme 3 Outcomes

Awareness

Awareness of early adversity and rejection

Awareness of on-going adversity and rejection

'Parental rejection' permeating throughout

Awareness of challenges ALL young people face

Appendix 16: Showing Theme 4 Outcomes

Strengths based
approach

'Signature Strengths'

Realistic appraisal of a young
person's strengths

Support with things that the young
person finds difficult

Focussing on 'small successes'

Encouraging young person to make
positive choices

Encourage others to 'notice'
achievements

Positive interactions'

'problems to possibilities'

Appendix 17: Showing Theme 5 Outcomes

Pragmatic challenges and strengths with the model.	'Pillars' discourse	POP encourages consistency
		Supports staff ethos
		'What Pillar is this?'
	Pillars as 'framework'	Pillars provides structure to discussions
		Standardisation of practice: pieces of a puzzle
	Materials	'Cobweb' not much use at determining efficacy
		Paperwork needs to be embedded with already-existing systems
		'Theory to practice'
	Subjectivity	'Which pillar are we working on?'
		Poor scientific rigour
		Subjectivity presents barrier to determining 'success'

Appendix 18: Draft Consent Letter to be sent to Potential Participants



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Please Ask For	Chris Wood, Trainee Educational Psychologist
<i>Direct Line</i>	01902 555954
<i>Facsimile</i>	01902 556295
<i>E-mail</i>	chris.wood@wolverhampton.gov.uk
<i>Minicom</i>	

My Ref.

C&F/CW/BMW

17 June 2013

Dear Colleague (Name of Care Worker)

My name is Chris Wood and I am a Doctoral research student from the University Of Birmingham under the supervision of Ms. Anne Daka (Specialist Senior Educational Psychologist for Wolverhampton City Council) and Mrs. Sue Morris (Director of Professional Training in Educational Psychology at the University of Birmingham).

As you may be aware, educational psychologists in Wolverhampton are involved in on-going work with Children's Homes across the city. A significant part of the role entails the psychologist facilitating 'consultation groups' with staff working within the settings.

This process has been under way for some time, with the primary aim of the 'consultation group' being to support staff in their day-to-day practice to facilitate improved outcomes for young people for whom they care

I would greatly appreciate your participation in a research project centred on these groups:

"Consultation groups in residential care settings: A realistic evaluation of the contextual influences and mechanisms that obstruct or support positive outcomes for staff and young people."

The purpose of this study is to investigate potential contextual 'influences' and 'mechanisms' that can obstruct or support the success of this programme: what makes the consultation process effective and what barriers may prevent this?

This study will be written up as a research thesis submitted as a requirement for the award of App. Ed. & Child. Psy (D) (the postgraduate professional qualification in educational psychologist toward which I am currently studying), and has received ethical approval from The University of Birmingham.

As part of the research process, I will be completing two observations of the consultation groups – both of which will, subject to the agreement of all those present, be tape recorded.). In addition, staff in the children's home who consent to take part in the research will be asked to complete a semi-structured focus group of approximately 1 – 1½ hour's duration at the earliest convenient time following the second of the observed consultation groups,, with questions relating to their experiences of the consultation process. This will also be tape recorded, subject to every-one's agreement.

The information gathered will be analysed, fed back and used to inform developments to the practice of consultation and/or other staff training and support in order to improve the quality and relevance of psychologists' contributions to the work of residential care staff, in order that, through our combined collaborative working, we continue to improve outcomes for the vulnerable children residing in the settings.

All data collected during the research project will be confidential. Pseudonyms will be used to ensure that no individual participant could be identifiable from their responses, and all data will be managed in line with both University and Local Authority data protection procedures. It will not be possible to identify this Local Authority, this care home or any of the interview participants within any written account of this study.

I am required by the University of Birmingham to retain all research data for 10 years. Again, the retained data will be coded to ensure that confidentiality is assured. Data will be stored securely. Normally only my University supervisor, Sue Morris and I, will have access to these (anonymised) data, for the purposes of analysis. The academics who examine my thesis also have the right to scrutinise my raw data; however, prospects of this occurring are remote.

Participation in this research is **completely voluntary**; you are free to decline to participate or withdraw at any point until the end of the focus group following the last observation - without risk of incurring any adverse consequence.

Along with the thesis which will report this research, an additional report will be produced which outlines the findings clearly, and any suggested 'next steps'.

This latter report will be delivered to:

- all of the research participants, including the senior educational psychologist involved in the consultation procedure within this children's home;
- the manager of the children's home; and Local Authority representative.

If you would like further information regarding the research, please don't hesitate to contact me (Chris Wood, Chris.Wood@Wolverhampton.gov.uk, 01902 555954) or my supervisors (Sue Morris, s.k.morris@bham.ac.uk, 0121 414 4880, and Anne Daka, Anne.Daka@Wolverhampton.gov.uk, 01902 557935).

Thank you for considering this request. Your contribution to this research would be greatly appreciated.

If you agree to be included in this research project, please could you indicate your consent using the brief form on the following page?

With best wishes,

Chris Wood

Trainee Educational Psychologist

Copy

Anne Daka, Specialist Senior Educational Psychologist

Sue Morris, Educational Psychology Programme Director,

University of Birmingham



My Name is:_____

Please circle your answer to each question.

1. I agree to participate in the research project through contributing in:

- two consultation group meetings which will be observed by Chris and audio-
recorded for later analysis by Chris Yes No

- participating in a focus group following the final observation.

This too will be audio-recorded for later transcription and analysis Yes No

2. I understand I can say I do not want to be part of the project Yes No
at any time, and can withdraw should I so wish, with no risk
of any adverse consequence.

3. I agree to answer questions about myself. Yes No

4. I agree to the audio recording of the group interview. Yes No

5. I agree to the inclusion of my comments in a Yes No
report that will be shared with other people, and understand that
confidentiality will be assured in the writing of this report.

**(I recognise that, while I can withdraw from the
study and ask for my personal data to be deleted,
it is unlikely to be possible to delete my comments from
records of consultation and / or the group interview transcript).**

6. I understand my contributions may be used in written reports of this Yes No

study, but my name will not be used, and care will be taken to ensure that no other participants nor I could be identified within the reports.

7. If I have a question, I know whom to ask and how to contact them. Yes No

8. I understand that any information will be used only by individuals who have an active role in the research (Researcher, University of Birmingham Supervisor and Wolverhampton Placement Supervisor), and that the research data will be stored in a secure manner. Yes No

9. I understand that if I say something that indicates a risk of harm to someone, you would need to report this, following routine Local Authority Safeguarding procedures
Yes No

(<http://www.wolvesscb.org.uk/>)

Signed / Date:

Appendix 19: Draft 'Focus Group' Schedule - Introductory Script

"This study is concerned fundamentally with *staff perspectives of the consultation process*, with particular emphasis on their *context and the mechanisms* through which groups seek to achieve improved outcomes for the children and young people in their care. The main focus is on exploring '*what works for whom in what circumstances and in what respects – and how?*' (Pawson & Tilley, 2004), in relation to the group consultation process and its outcomes.

What is a focus group? A focus group is a small group of six to ten people led through an open discussion by a moderator. Focus groups are structured around a set of carefully predetermined questions – usually no more than 10 – but the discussion is free-flowing. Ideally, participant comments will stimulate and influence the thinking and sharing of others. Some people even find themselves changing their thoughts and opinions during the group.

Recheck Consent: Review / recheck consent by confirming with participants that they still wish to be part of the study (Use previous consent statement).

Collect Background Information

(written slips to be completed and returned by staff who contribute to each observed consultation group and the focus group):

Name: _____

Years worked in residential social work: _____

Previous experience: _____

Number of years worked in this specific home: _____

Main motivations for getting into this line of work _____

Any initial thoughts on the consultation process: _____

Consent to progress with the observed and recorded consultation group / group interview:

Yes

No

The aim of this process is to explore *how* a programme,, is supposed to work – in this case: consultation – and then evaluate how this translates into real-life practice.

1- What is your understanding of the consultation process and how long have you been involved?

(Prompts: What do you think that the consultation process was designed for? What is the main goal of the procedure?)

(Discuss: Why I'm interested in the process, what my research will be focussing on, and the Local Authority perspective on what the consultation process is used for)

2. Could you tell me a bit about how the consultation programme happens in your care home?

(Prompts: What kinds of consultation activities are happening? How often? What would a typical group look like? Are there any things that I should be looking for specifically when I observe? Describe how the process works, in practice.)

3. I'm interested in what positives you can see in the process. What do you find valuable or useful?

(Prompts: What benefits (if any) do you get, personally, from the process? Does it help your practice? What value does the process bring to your working life? Have you noticed any changes in your own working life since the process has begun / you were involved in the process?)

4. Are there any parts of the process which you find less valuable / useful to your working practices?

(Prompts: Of the overall picture, what bits do you find less valuable / useful? Are there parts of the procedure which are unnecessary / time-consuming but not worth the time invested?)

5a. In your view, is there anything about the context which supports the process?

5b. And what have you observed about the context which can present a barrier to the process

(Prompts: Explain what is meant by 'context', give examples of contextual processes but don't lead the participant. What 'challenges' occur which mean that the process does/doesn't go smoothly? How does it fit in with other things that are happening?)

6. How useful are any strategies suggested within the group consultation process, in your 'day-to-day' practice – are strategies realistic; are there difficulties with implementation / operationalization?

(Prompts: What kinds of strategies have emerged from the consultation groups? Did they work? How useful/efficacious were they? Were any challenges / difficulties present with taking the group ideas back to the 'real world'? What challenges have emerged from the consultation process?)

7. What benefits, if any, do you see the consultation process bringing to the young people who reside within the home?

(Prompts: What changes has the consultation procedure brought for the young people? Any examples? Long term / short term? What about outcomes (school, work, mental health, etc.)?)

8. What benefits, if any, do you see the consultation process bringing to the staff who work within the home?

(Prompts: What affect has the consultation procedure had on staff who work within the home? Has it been beneficial? What kind of impact does the process have?)

9. What could be done to make the process better?

(Prompts: How would you like to see the groups develop? What could make the group better? Is the group something that you would like to see continue? Why? What changes are/may be required to make the process run more 'smoothly'?)

10. How do you get feedback from the psychologist who facilitates the session? Is this useful?

(Prompts: what processes are in place for feeding back the outcomes of the consultation groups? Is this an efficient and beneficial process?)

11. Anything else that you might like to comment on with regard to the consultation process and how it is used within this care home?

(Prompts: Anything else that might be worth noting?)

Thank the participants and offer a reminder about how the data will be used / recheck consent.

Appendix 20: Consultant Psychologist Consent Form

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My Name is: _____

My Job Title is: _____

Please circle your answer to each question.

1. I agree to participate in the proposed research project as the consultant psychologist involved in facilitating the Pillars of Parenting (PoP) consultation group: Yes No

2. I agree that my consent involves:

- | | | |
|--|-----|----|
| <ul style="list-style-type: none"> • audio recorded observations of my facilitating Pillars of Parenting (PoP) consultation groups on two occasions | Yes | No |
|--|-----|----|

3. I agree to answer questions about myself and my involvement with the PoP programme: Yes No

4. I agree to the inclusion of my comments in a report that will be shared with other people:
- Yes
- No

5. I understand my contributions may be used in the final report: Yes No

Signed:

Date:

Appendix 21: Example of Thematic Analysis and Coding

Observation: 1 – transcript.

EP: We've spent three times talking about Joe, uhm, and the last time the priority problem was the menacing effect that Joe had on the other young people, uhm, and err, the increase in drug taking and non-engagement with education so we've tried to look at those three... some of the agreed actions then, *'break the night, late night cycle which prevents Joe from getting sleep and others too'*, night staff may need support and advise on strategies, uhm, *'to ensure that Joe gets up in the morning so that he develops a daytime routine'*.

*Facilitator providing strategies
Empowering staff (Code 1)*

Uhm, *'offer him at least one activity each day, because I think we felt that he probably was bored'*, *'perhaps give him two to choose from and we thought that, uhm, the initially offered activities could be ones where he didn't need too much talking, just activity and then uhm we thought that maybe he would engage more in verbal interaction after he completes the activity and then introduce peers when you felt that it was appropriate'*, and I know he was looking to go to the gym wasn't he?

(1)

Uhm, *work on relationships* to be done – actually it was at the last meeting with Bob, you were away – but it was actually you who was developing the best relationship with him.

*Strategies Empowering
Authentic warmth + positive relationships (2)*

P1: I think that he has developed relationships with a lot of staff if you know what I mean, he, it depends on what he needs, do you know what I mean?

(2)

EP: ah so it's manipulative? He manipulates relationships?

Parental rejection acknowledging

P1: no...not always, not always, sometimes he genuinely needs someone to bounce off but I think that it is normally when things are not going ok with Mum, do you know what I mean? He is suffering...if everything is going perfectly with Mum then we're dogs, we're, we can't do anything right, but, we can't do nothing for him, we don't support him or whatever...minute everything goes wrong with Mum, he works better with staff and I've noticed that he's got a bit of a pattern going. He'll reject staff if things are fine with Mum and then erm Mum can't do no wrong but then when things go wrong with Mum, you know, the biggest things, is she doesn't do anything right...*'you don't know her'*, *'you don't know the way I deal with things'*...you know *'just because you have seen these things it is not the way that she is'* and he will be a bit like that.

Parental rejection + emotional impact (3)

Parental relationship (3)

EP: so he's extremely polarised then? He's either for or against you?

P2: because I think the last couple of shifts, I've spent loads of time with him last night and Steve was like listening in and he says *'it's a bit of a breakthrough for me'* and the last shift before that I did some direct work, with Steve, around his emotions and feelings and that was a positive conversation and that went over a period of about forty five minutes which is good for Joe so I think we're having a bit of a

(2)

Authentic emotional response

(4)

Signature strengths
problems to possibilities

Authentic warmth
Acknowledging pre-
rejection + role
of professional

breakthrough and I know that a few times when I've gone home he has said 'bye' or 'care safe' which I think is a positive for him too, you know? Because he doesn't really...

P1: yeah, because Joe tends to be hard but he like the hugs, he likes the attention and, like I've said, he can either be gentle or he accepts it... he accepts it when he really wants it and that's like the motherly pampering you know, so Liz will do things like make him a cup of tea or take him a breakfast or do this, so he likes that, shopping trips, he loves that and then the fact is if you sit there when he is moaning or on one of these, he likes this banter, and he will start off demanding your attention in a negative way but then really all it is is he just wants to talk, so then he will come down to a level and then start talking, but it's the way he starts it, he always starts with confrontation 'you this' 'you that' 'the staff this, the staff that' and then in five minutes he comes back down to an uhm, a level where you can actually talk once you give him your full attention. But he doesn't like it if you don't give him that constant attention, and hates it if you give it to the other young people.

(1+2)

- Early rejection is
an impact to other
relationships

(5)

EP: yes that's something you have said in the past, as soon as you, as he perceives you having a good time with somebody else he will come in

P1: yeah there will be something that he will do in the background to distract you from what you're doing, and if the young people are doing something positive erm and he hasn't done things that have been positive that day he will try and bring them down a level, you know, he will do that and say 'you're being a pussy' blah blah blah and that's the same with Fred. Fred struggles with this because of the schooling thing, if Joe goes 'aaah you're soft you are', and you know he has that kind of bravado.

EP: yeah, ok, erm, you said that there was erm some positive movement on erm, sort of activities and engagement

P2: yeah with emotions and feelings and erm that evening that evening was a positive, it was a real positive, I actually praised Joe which, he is usually a bit standoffish because you know when I praise him like, I said to him 'you know, what's been up with you the last couple of days, you normally look really smart, you've got a bit of a swagger about you' I said 'you know you seem to have let yourself go a little bit' and as soon as I said that with Steve he goes up to his room has a shower, comes down, and he looks really well, and I said to him 'you look really nice Joe' and he was like, and he looked at me as if to say, you know, I don't think he can help it, he doesn't like being praised.

(2) Authentic warmth
Strengths rather
than weaknesses

(2+4)

P1: the thing is though he will tell you off, if he has done, something that he has done well in the day and you haven't seen it, he will say 'oh you're big enough picking up on that, but ooooh'

EP: it seems as though he has to have control of the situation?

P1: ooooh yeah and the last word.

'Good parenting'?

(6)

P2: yeah but he was saying yesterday as well, he was going, erm, he kept saying to me 'oh you get on really well with Fred, don't you, Sue?' and I said 'yeah, why are you saying that?' and he says 'oh, I don't think people like me...', he said, erm, 'I think people dislike me', and I said 'people don't dislike you Joe, they just dislike your anger sometimes, the way you deal with things' and we had a conversation that I could write up as direct work, and then we were talking about individuals and staff team and we were going through people that he was saying that he didn't like, people that he feels intimidated by, erm, he likes Bob because of his build, and then

P1: yeah he is aspiring to it as well, there's another side to that, he notices Bob being something that he would like to be in terms of build and attitude and this is where the gym is coming from, he says 'I want to be bigger' so when he's reflecting on it he will say 'I want to be as big as Bob' and then he has also tried very hard, he has told me that he has tried very hard with Bob and all the rest of it and he feels that he hasn't got the right response and so he is aspiring to it (7) Awareness of need for authentic response

EP: is he actually going to the gym then? So you say he is aspiring to it but does he respond to it?

P1: he talks the talk but doesn't do the walk

P3: he has done some inductions though (2)

reflective practitioners
problems to possibilities

(8)
awareness of
challenges

P1: well the thing is it has been arranged for him and what he does, what Joe does, best in everything in his life, he changes the goalposts as soon as it comes near so if today is the day that he has to do something he will talk about it for days building up to it, I'm going to do this, I'm going to do that, you know, saying the right thing to staff or you know praising him and all the rest of it... come the day, he might not get out of bed or there is something more important for him to do or there, you know, there's always a distraction from what he's meant to do.

EP: what do you think is the, kind of, root cause for that?

P1: sometimes he says to me, sometimes, I think it's a control thing and sometimes, the other thing is, I think it's a confidence thing, and then sometimes, when he feels like it he will admit that it is a confidence thing, and then other times it anger and it's just like 'I didn't want to do it in the first place but everybody forced me to do it', and then there's a blame, if it's not an admittance of real feelings it's a blame, and, most, Joe's all about blame.

emotional
disregulation (9)

EP: yeah, it's like externalising things? Not taking any of it on himself...

P1: if he doesn't get up in the morning then that is your fault and then, my contacts' gone all wrong, it's your fault, the reason why I haven't, you know, got these clothes on or these trainers it's your fault, you know, it's everybody else's fault.

EP: ok, so, are you feeling that that is in any way improving?

P2: yeah I do, I do think that he has improved a lot really; I do think he has improved a lot yeah definitely

(4) Signature strengths

P1: less attacks

P2: yeah much less

EP: when you say attacks to do mean on staff? Verbal or physical?

P1: well take last night, he said to me, uhm, 'what are you doing now Sue?' I said 'nothing Joe', he said 'can you come and talk to me?', I was like, 'yeah, no problem' so we go and sit in the dining room and we were in there for probably an hour, just talking about everything, you know, a conversation – Steve kept the door open and then he asked for some DVDs so I went upstairs and did some photocopying and he said 'when you come back down can you come and talk to me?', this was later on in the night and I thought, well that's some improvement because it's like he wants you to be around to speak to him.

Authentic Warmth / Good Parenting (2)

EP: what kind of things did you talk about?

(1) parental rejection / relationship

P2: he was talking about his mum, talking about his dad, talking about Fred, he was saying that 'Fred's family got respect for you Sue' blah blah, because I get on ok with Fred's granddad, and I think they have all been to Fred's property and

EP: I think they have gone there and smoked cannabis

P2: yeah, there is that, and then he said, you know, 'do you like me?', and he just came out with it and I was like, 'I don't dislike you Joe, I just dislike your anger towards people' and then we was talking about the staff individually, and then he was saying 'well, that one doesn't talk to me' blah blah, so I went into a conversation about personalities, different people have different personalities, some people are bubbly, some people are you know, everybody has different qualities, and then he mentioned Jane and other blah blah

(6) good parenting? realistic appraisal? boundaries?

P1: see that's weird, because Jane spends lots of time with him, and also, fulfils his demands if you know what I mean? But erm, he talks to her like a piece of crap but regardless she never reacts, but carries on.

emotional difficulty - good parenting

EP: well yeah I was wondering if that was kind of why he didn't like her because he expects a certain reaction

P2: yeah the other day when she was walking downstairs with a drink being rude, afterwards he said 'where have you been?', well she was doing some paperwork so, he was saying 'where is she where is she?' do you know what I mean, we was having conversations, but a lot of it was coming back to Fred and we was sat on the stairs the other day when Fred come and they was talking about girls, and they was talking about condoms and they were trying to embarrass me by coming out with stuff, saying erm, 'how do you put a condom on then Sue?' but they were waiting for

Focus Group Transcript

P1: So, Facilitator if you want to just introduce yourself and explain what is going to go on this afternoon.

Facilitator: I think I've met nearly everybody before actually so hopefully people have a bit of an idea what is going on today, erm, so basically as part of the doctorate qualification I'm completing, along with researching from the local authority, now, I know that things are likely to be changing in the future for how your setting delivers its service, but – as it stands – you use the *Pillars of Parenting* programme/consultation method. Now, there's the theory about how it *should* work, and then then there's the practice of how it actually *does* work, and I'm here to, erm, just to have discussion about how you find the *process* and how you find it works in supporting the things that you do on a day-to-day basis.

The idea is just to really find out, not really about how the consultation facilitator, more about the *Pillars of Parenting* programme *in general* and also looking at how this context specifically works with the model. So, I'm hoping that we can just have a chat about that and see how we feel about it.

P1: P3, do you want to start?

Facilitator: I mean, I have got a structure here which can guide us through the discussion so should I ask a question to get the ball rolling? Ok, firstly, what is your understanding of the *Pillars of Parenting* process, and how does the consultation process *look in practice* at UPF?

P2: What does it look like, what do you mean?

Facilitator: I mean the typical process...how does it work *here*?

P2: Well we use it as an assessment tool.

Facilitator: Right.

P2: We use it to monitor the development of the young people that are here and monitor their progress...

Facilitator: So the Consultation Facilitator visits every fortnight, and you sit down and you go through what you did last time...

(2) Facilitator empowering staff

P2: What's worked, what's not worked, is there anything else that we can come up with new.

P1: I think, because most of us were here before we had the consultations, so you can sort-of look at what life was like before, and what life was like after, and erm, you used to struggle to look at how a young person was improving, you know, if it was like a nuanced behaviour, like 'he's getting out of bed now', erm, or 'he's making a

(2+4) Encouraged to consider
signature strength
- problems to positives

cup of tea now, but he's still kicking off, and usually, before the Pillars of Parenting, you might have come to a meeting and said 'oh he's still kicking off, and there are no improvements'.

P3: Yeah, I remember, it was a very sad state of affairs, I remember.

(a) PoP
Empowers

P1: Yeah, and I think that seemed to be the picture before, you didn't really look at the facets of that person, it was different, and now we do.

P2: I think that we did, we did look at it, but...

P1: Yeah, I think, it used to happen, but it was more, you know, black and white 'this person is not improving', 'this person is improving' and with the Pillars of Parenting you can, sort of, look at it more, widely.

(2+4)

P4: I think that the Pillars of Parenting consultations are really good, but I don't think the paperwork, you know, the Pillars of Parenting diagrams and frameworks, I don't think that is very good... and that's part of it, isn't it? Because some of the questions, there's two parts to the same question, and they're totally irrelevant - they're two different, totally different subjects. I mean, I can't give an example because I haven't got one with me, but it will ask, for example, about like, one thing - and the other thing in the same box is nothing to do with it, and you're thinking 'why would you even put those together?' because you can't score it, or can't gauge it, if it's on two different things that are totally different?

Vagueness
of model
'Pillars'?

Pragmatic difficulties - using tool

P1: So, yes, there are, I remember when I was doing the cobweb things, there are issues with the text, and some of those questions are, yeah there are issues with the text, but in terms of how it works now, erm, I like, sort of, how it reinforces what we, generally reinforces what we're doing... and, I don't think that the facilitating person comes up with 'new' ideas, and things - maybe in sessions where I haven't been there the facilitator has come up with 'great' ideas - for you to use?

(10)

P2: No, I think that she allows and helps us to come up with the ideas.

Facilitator
empowering
staff
(7)

P1: Yeah it helps us to find the ideas.

(1)

P2: And then she comes up with the way in which to sort of like, execute it, or add to those ideas, if you know what I mean? And she donates the strategies to, you know, like support it.

(1)

P1: so I think, what we're generally using it for is, we're generally using it as a reinforcement tool.

Facilitator: yes, and kind-of, a monitoring tool as well?

P4: And a bit of a debriefing tool too - for the consultations as well, yeah.

P1: It helps; it's good in that area.

P4: It help us as well to, kind of, all get together and discuss what's happening with the young people, and, so we're all kind of consistent with what we're doing and what we've agreed – it all gets rolled in to one.

(11) Pop supports consistency

Can not improve
(12)
Pop supports consistency

P2: I like that! The consultation thing, because you often find – and it's really odd – I mean we have got three different shifts here and then you find, that there's something that, or someone that has had similar experiences with a young person, or they have seen something that you've never seen so much, yeah, because obviously, so therefore you get patterns. You see patterns more, don't you? It's like a jigsaw puzzle, you've got a bit of the jigsaw, they've got a bit of the jigsaw, you know, yeah, and it's like we find during the consultations is that, it kind of brings it together, so, really, I think it's good for that because then you get more of a, you get repeated patterns, or you see improvements, and then, you know, obviously, and then things that we see, across different people as well.

P1: You see, it can get quite disheartening if you don't get to see any improvements, and say, if it's with 'Bob', and the improvements are only slight, with the Pillars of Parenting you can see that, you know, that there are some improvements.

Signature strength
Staff empowered

P3: It allows a greater degree of objectivity, especially if it's an external consultation because they're arm's length, I mean, not meaning to demean any of us, but we're not qualified psychologists, and the facilitator can give a framework to me, to support with behaviours that we don't perhaps fully understand. Sometimes, some of the behaviours, like, much further back in our young people's lives, understanding it can be hard. I'll give you an example: some children just like to live in a dishevelled pit, and that's not because they're dirty or they don't want to learn any new skills, it's just that it's very comforting, you know – with blankets and things – and that's very difficult for some of us to understand.

(1)

Facilitator: So it's that different, alternative perspective that is useful?

Staff being empowered

P3: Yeah it is, and that's just a minor example, but some behaviours are of course much worse: violence, sexualised behaviour etc. And the reasons why are discussed there – and we have discussed several cases that are quite high priority and it's good because that objectivity, erm, it kind of helps us because we're only human tools for the department, as well as wanting to work in here, it's when, apart from not fully understanding the behaviours, and secondarily, for us, it's kind of a learning curve with the facilitating psychologist as she explores it with us, and thirdly, it's kind of like, having a growth spurt, you know, with learning. But the hard part for me was always being when you get really caught up in a child's, uhm, negative behaviour patterns and you sort of, start easing back from the positives, and, as 3 said, you have to come in here to catch hold of those positive and get a glimmer that things are going well, but, it helps put a brake on for us as well, to hold back, because we're in this field because these are the behaviours that we are hoping to mend – but, the facilitators role – when it was first brought in – if you remember, it was about

(1)

(7)

Signature strengths of YP
Pop – Problems to possibilities

EMPOWERMENT
KEY THEME!

Pop supporting
workers practices
Staff being empowered

debriefing staff, it wasn't just about how the staff worked with the young people, it was also about the staff working with each other and about their relationships and support patterns, across higher management as well, and that was part of the facilitators role. And yes, we've had a lot of support from the facilitator, and other facilitators in the past, so I think it has a lot of different prongs to it so it's not just about that, so yes, it has been good.

Facilitator: So there's the kind-of on the ground strategies and all that but there's also the opportunity to take break, and come and discuss on a less, sort of, formal basis.

P4: Yeah, definitely, I mean, we've had some real difficult moments, with suicide attempts and stuff...yeah we have had stuff that was kind of really intense going on here sometimes, so we have all needed to get together for support

P3: I mean, say for example, there are some staff are more hardier, and then with the behaviours it was like 'ok she has done this, but she always has the phone nearby to call the police', but once she did it and the phone was out of reach and, so, it was different times when that was happening it was quite frightening, and I, for one, would say 'yeah, it is blinking frightening', and sometimes, at the end of a shift, I didn't know if I would be going off and I'm going to have this awful situation that's going to leave me scarred for life, I mean it, scarred for life, awful stuff and thinking 'we're not geared up for this kind of thing' – the department has put this person here, this needy individual and we haven't got the backup to manage it...and we were desperate for I think it was, it was somebody different at the time, but we had to have a debriefing session at the time which someone organised for the staff themselves as a one off...so we didn't know whether we would be branded as insufficient as staff, or really, like human beings first and then service providers after...I mean, it was a difficult situations – *Pillars of Parents* can help with that as it's more consistent and regular.

P2: The thing is with 'Laura' is it was more psychological wasn't it? It was like a deep underpinning issue that was deep psychological and uhm, it was a little bit more deep, which was, I suppose, not beyond our capabilities, but, beyond our understanding at the time, because obviously because it is sensitive you didn't know which way to go, because you didn't want to make the behaviour worse, or more serious, because at the moment you knew it was – I don't want to say totally attention seeking – but most of it was, because, she would always do things where you could find her but there's always that risk that you do something wrong, and we push her over the edge til it gets to the next stage, and I think that is where we were all kind of like a little bit 'what do we do?'

Facilitator: Right, so having that external *somebody* coming in to discuss those, kind of, more complex behaviour was...

External facilitator supporting
professional development.

P3: We couldn't, you know, open the knots on the, with the oxygen mask in place, once she'd tied it, so then the strategy was we walked directly with scissors, but that's after the event – if you know what I mean – we needed have strategized earlier if we'd realised, and that's bad, saying 'realised', because we should be doing professional objective risk assessment and it was very...

P2: Yeah but having somebody to come in really did help.

Facilitator: I guess because of the nature of the young people who are going to be here, there is a high chance that they're going to have challenging behaviours in one way or another, and having that...

P3: Yeah it goes from one extreme to another

P2: Yeah, there are always people with different difficulties, and I think for us, when they have got, other, you know, mental health issues, and you know, not just behavioural, it's like conditions: ADHD, and all those, sort of medical terms and all that, it's always useful to have that help, it's things that we're not qualified in, uhm, because there are different ways to deal with that and I think, I mean, over the years, for use, more of those cases are coming into our care, and there is a crossover now, and there's not so much services, I don't mean services open to them, but, they're borderline everything: borderline ADHD – what was that other one? I don't even know how to spell it, you know... was it Asperger's? I forget, but you know, if you can't even say it, you don't even understand it so you had to have that kind of understanding.

(1) Psychological "knowledge"

P3: Psychologists have that professional understanding and that helps.

P2: Yeah because sometimes we don't quite know how to deal with it.

(1) - expert model

P3: Yeah and sometimes the behaviours have to be reported to the police and sometimes it has to go to court and the magistrates want to know that we, along with you, have strategized to prevent these issues from arising or, how we went about managing them, you know – like OFSTED too, everybody really, and obviously to our own satisfaction, so we know that we have done as best as we can.

Facilitator: Right, and how about when somebody external comes in – who is kind of similar to these other agencies – does it reinforce in your minds that there is good practice going on, and kind of says, 'yes, this is the right way to work with these type of difficulties'.

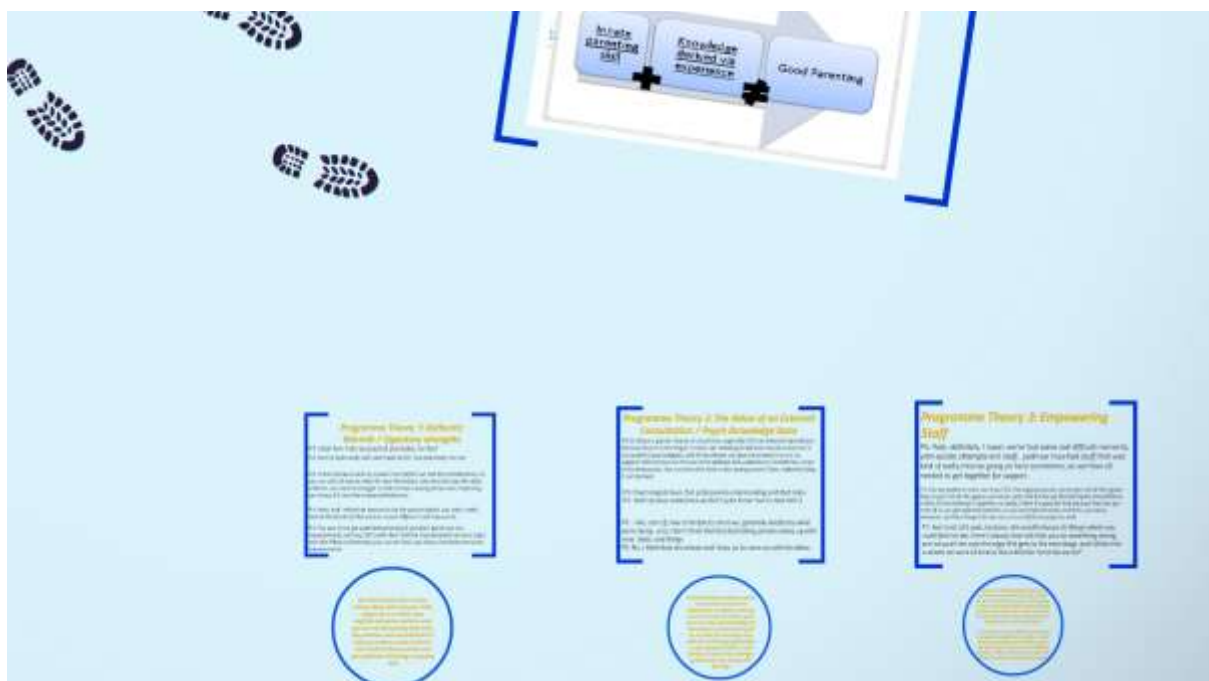
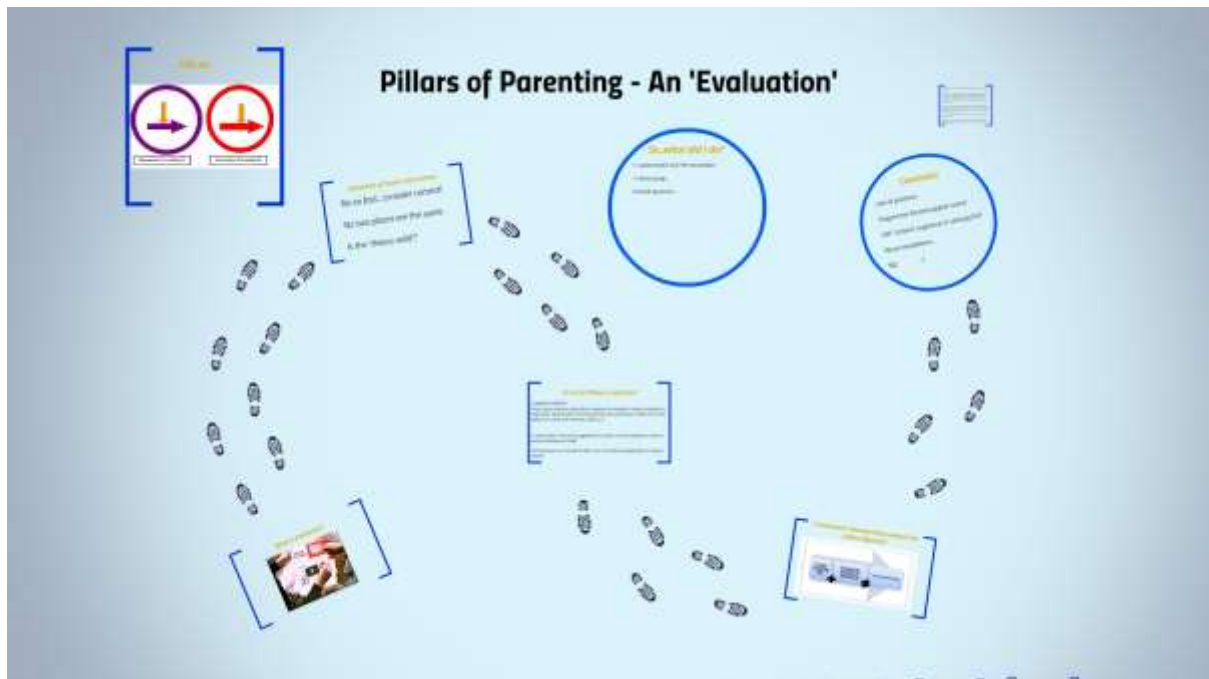
P1: I think what I have realised is, that's it's not a science, the Pillars of Parenting do you know what I mean? You agree on a pillar, and it could really be, I mean sometimes you might have a choice between two or three pillars, in the end, what you're going to work with, and it's not a science, so, as much as you can get it right, you might get it wrong – because we all sit here, and we agree on a pillar don't we? It's not scientific is it?

(10) Subjectivity of model

Appendix 22: Live Transcripts from Consultation Group Session



Appendix 23: Slides from Public Domain Briefing



(Full presentation can be found at <http://prezi.com/or3vp5vydvjm/pillars-of-parenting-an-evaluation/>)

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